

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90348 022 ****50.00

20020968



03072005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L01000007384 1. Entity Name ARAGON STABLES, LLC					
Principal Place of Business 14372 WITHER CLOSE DRIVE WELLINGTON, FL 33414			Mailing Address 14372 WITHER CLOSE DRIVE WELLINGTON, FL 33414		
2. Principal Place of Business 15722 Sunnyland Lane Suite, Apt. #, etc.		3. Mailing Address 15722 Sunnyland Lane Suite, Apt. #, etc.			
City & State Wellington, FL		City & State Wellington, FL		4. FEI Number 65-1107922	
Zip 33414		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VON GUSTEDT, ANDREW J ESQ. 250 AUSTRALIAN AVENUE SOUTH, SUITE 700 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAHHAK, MORDECHAY 14372 WITHER CLOSE DRIVE WELLINGTON, FL 33414		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Nadler, Sandy Lynn 15722 Sunnyland Lane Wellington, FL 33414	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:			3/7/05 561-472-7570		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		