## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 28, 2004 8:00 am Secretary of State **DOCUMENT # L02000006412** 04-28-2004 90066 041 \*\*\*\*50.00 1. Entity Name RMJ STABLES, LLC Principal Place of Business Mailing Address 12913 W. OKEECHOBEE RD 12913 W. OKEECHOBEE RD 240571bu HIALEAH GARDENS, FL 33018 HIALEAH GARDENS, FL 33018 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04262004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For APPLIED FOR 65-1202780 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MEAHJOHN, ZANIM RALPHY Street Address (P.O. Box Number is Not Acceptable) 12913 W. OKEECHOBEE RD SUITE G1 HIALEAH GARDENS, FL 33018 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating DATE Filing Fee is \$50.00 Make check payable to Due by May 1, 2004 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGR TITLE ☐ Change ☐ Addition Delete MEAHJOHN, ZANIM RALPHY NAME MARKE STREET ADDRESS 12913 W. OKEECHOBEE ROAD #G1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH GARDENS, FL 33018 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete -TITLE Change. In Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST+Z/P TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this fitting 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. Lanim **SIGNATURE**

**FILED**