


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000025492 1. Entity Name ONCE A FARRIER, LLC	
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Principal Place of Business 3550 MAHAN DRIVE TALLAHASSEE, FL 32308	Mailing Address PO BOX 120 HOSFORD, FL 32334
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04212005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 41-2065238	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GARDNER, CHARLES R 1300 THOMASWOOD DR TALLAHASSEE, FL 32308
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOSFORD, TIFFANY M PO BOX 120 HOSFORD, FL 32334
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OK

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: <u>Tiffany M. Hosford</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date: <u>4/21/2005</u>	Daytime Phone #: <u>(850)656-6211</u>
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