2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L02000030924

1. Entity Name D&A STABLES, L.L.C.



FILED
- Apr 24, 2006 08:00 AN
Secretary of State

Principal Place of Business

2655 MCCORMICK DRIVE

SUITE 200 CLEARWATER, FL 33759 Mailing Address

2655 MCCORMICK DRIVE

SUITE 200

CLEARWATER, FL 33759



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01052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 54-2108387 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TEW, JOEL R ESQ C/O TEW, BARNES & ATKINSON, L.L.P 2655 MCCORMICK DRIVE CLEARWATER, FL 33759

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 The above named entity submits this statement for the purpose of cha the obligations of registered agent. 	inging its registered office or registered agent, or bot	n, in the State of Florida. I am familiar with, and accep
SIGNATURE	NOT Bushington	
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 Due by May 1, 2006

9.	9. MANAGING MEMBERS/MANAGERS		
THILE NAME STREET ADDRESS CITY-ST-ZIP THILE	MGR IRICK, ANDREW G II 3072 HAMPTON COURT CLEARWATER, FL 33761		
NAME STREET ADDRESS CITY+ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
NITLE NAME STREET ADDRESS CITY-ST-ZIP			

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11.	hereby certify that the information supplied with this filing lices not qualify for the exemptions contained in Chapter 119, 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 gath; that I am a managing member or manager of the
	limited liability company or the receiver of a tustof empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

127.439.444

Date

Daytime Phone #