

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90016 041 ****50.00

DOCUMENT # L02000031426

1. Entity Name
675 HOBBY HORSE, LLC



Principal Place of Business Mailing Address
**46 NORTH WASHINGTON BOULEVARD STE. 1
SARASOTA FL 34236** **46 NORTH WASHINGTON BOULEVARD STE. 1
SARASOTA FL 34236**

2. Principal Place of Business 3. Mailing Address
7015 PROFESSIONAL PKWY E Suite, Apt. #, etc.

City & State City & State
SARASOTA, FLORIDA

Zip Country Zip Country
34240

4. FEI Number Applied For
03-0494551 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACOBSON, SUE A
46 NORTH WASHINGTON BOULEVARD STE. 1
SARASOTA FL 34236**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

MGR Change Addition
COX, JOHN J. III
7015 PROFESSIONAL PARKWAY EAST
SARASOTA, FLORIDA 34240

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: _____ **SIGNATURE REQUIRED**

(941) 907-9099

CR2E083 (10/02)