

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90194 034 ****50.00

DOCUMENT # L03000001667

1. Entity Name

MINERVA STUD, LLC



Principal Place of Business

12385 NW HWY. 225-A
REDDICK FL 32686

Mailing Address

12385 NW HWY. 225-A
REDDICK FL 32686

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

57-1172813

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STERMER, ROBERT A LL.M.
8585 SW HWY 200
OCALA FL 34481

7. Name and Address of New Registered Agent

Name

ROBERT A STERMER

Street Address (P.O. Box Number is Not Acceptable)

7763 S.W. STATE RD. 200

City

OCALA

FL

34476

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-1-06

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State.

Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME S
STREET ADDRESS DEK RUSSO, LYNNE
CITY-ST-ZIP 12385 NW 225-A
REDDICK FL 32686

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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]

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

Date

1/25/06

352-
591-1110

Daytime Phone #