


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 01, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000001860  
 1. Entity Name  
 ARDMORE STUD, LLC



Principal Place of Business: 6900 NW 193RD STREET, ORANGE LAKE, FL 32681  
 Mailing Address: PO BOX 787, ORANGE LAKE, FL 32681

**DO NOT WRITE IN THIS SPACE**



03172005 No Chg-LLC CR2E083 (10/03)  
 4. FEI Number: 03-0502057 Applied For: Not Applicable  
 5. Certificate of Status Desired  \$5.00 Additional Fees Required

6. Name and Address of Current Registered Agent  
 CROMARTIE, ROBERT A  
 6900 NW 193RD STREET  
 ORANGE LAKE, FL 32681

**DO NOT WRITE IN THIS SPACE**

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)

**Filing Fee is \$50.00  
 Due by May 1, 2005**

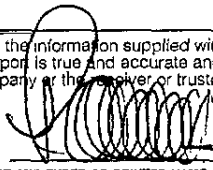
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CROMARTIE, ROBERT A 6900 NW 193RD STREET ORANGE LAKE, FL 32681
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04/01/05-80049-024 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  ROBERT A. Cromartie 3/30/05 352-591-5888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #