FILED
May 12, 2004 8:00 am
Secretary of State
04-26-2004 90043 049 ****55.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000003890

1. Entity Name
TRUE STEP HORSE, LLC

34005889

Principal Place of Business	Mailing Address
629 NEW YORK AVENUE LYNN HAVEN, FL 32444	629 NEW YORK AVENUE LYNN HAVEN, FL 32444

04082004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
OCALA,			
Suite, Apt. #, etc. 12200 NW 160th AVE.		Suite, Apt. #, etc. 12200 N.W. 160th AVE	
City & State OCALA, FL		City & State MORRISTON, FL	
Zip 32668	Country MARION	Zip 32668	Country MARION

4. FEI Number 06-1701618 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DICK, STEPHEN M
629 NEW YORK AVENUE
LYNN HAVEN, FL 32444

7. Name and Address of New Registered Agent

Name DICK, STEPHEN M
Street Address (P.O. Box Number is Not Acceptable)
12200 N.W. 160th AVE
City MORRISTON FL Zip Code 32668

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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager/member STEPHEN M. DICK 12200 NW 160 Ave Morriston, FL 32668	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Stephen M Dick apr 2004 (352)636-1685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #