## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000026864

Entity Name: 3 HORSEMEN, LLC

City-St-Zip:

REDDICK, FL 32686 US

FILED Jan 20, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5150 NW 160TH STREET REDDICK, FL 32686 **Current Mailing Address: New Mailing Address:** P.O. BOX 129 REDDICK, FL 32686 FEI Number: 68-0560514 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: R. WILLIAM FUTCH, PA 610 SE 17TH STREËT OCALA, FL 34471 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition KIVETT, BLAKE Name: Name: Address: PO BOX 5734 Address: City-St-Zip: OCALA, FL 34478 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: MCDONALD, ALLAN M Name: Address: PO BOX 263 Address: City-St-Zip: OCALA, FL 32686 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition JONES, ROBERT D Name: Name: Address: PO BOX 129 Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

SIGNATURE: ROBERT D. JONES MGRM 01/20/2009