


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90219 004 ****50.00

DOCUMENT # L03000047724	
1. Entity Name STABLES BY THE BAY, LLC	

Principal Place of Business SILVER GLENN ROBBINS CT. LOT #33 PANACEA FL 32346	Mailing Address 116 RIVER DRIVE PANACEA FL 32346
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2. Principal Place of Business 58 Robbins Ct., Panama Fl	3. Mailing Address 116 River Drive, Panama Fl.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Panama Fl.	City & State Panama, Fla.
Zip 32346	Zip 32346
Country Wakulla	Country Wakulla



MOORE CR2E083 (11/03)

4. FEI Number 57-1195248	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, HARRY C 116 RIVER DRIVE PANACEA FL 32346	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City DEP. FL Zip Code	

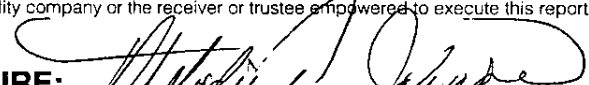
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00	
Make Check Payable to Florida Department of State	
Due By May 1, 2004	

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. JOHNSON, HARRY C 116 RIVER DRIVE PANACEA FL 32346 <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	MGR. JOHNSON, MELODIE A 116 RIVER DRIVE PANACEA FL 32346 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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:  **3/5/04** **888-84-3218**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #