

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002563

FILED
Sep 06, 2005
Secretary of State

Entity Name: CHAR-O-LOT RANCH RIDING ACADEMY, L.L.C.

Current Principal Place of Business:

P.O. BOX 12
MYAKKA CITY, FL 32251

New Principal Place of Business:

P.O. BOX 40
MYAKKA CITY, FL 34251

Current Mailing Address:

P.O. BOX 12
MYAKKA CITY, FL 32251

New Mailing Address:

P.O. BOX 40
MYAKKA CITY, FL 34251

FEI Number: 20-0577916 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHEMBRI, SUSAN
35750 HIGHWAY 70 EAST
MYAKKA CITY, FL 34251 US

Name and Address of New Registered Agent:

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:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: SCHEMBRI, SUSAN C
Address: P.O. BOX 40
City-St-Zip: MYAKKA CITY, FL 34251

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: SUSAN SCHEMBRI

MGRM

09/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date