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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000003698

1. Entity Name
TOP TURF STABLES, LLC

Principal Place of Business	Mailing Address
30003 S.W. MARTIN HWY OKEECHOBEE, FL 34974 US	30003 S.W. MARTIN HWY OKEECHOBEE, FL 34974 US

2. Principal Place of Business		3. Mailing Address	
		P.O. Box 98	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Loxahatchee, Fl	
Zip	Country	Zip: 33470	Country: USA

4. FEI Number: 20-0590472 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RODGERS, KAREN 2960 MELALEUCA DR WEST PALM BEACH, FL 33406	Name: Philip Echols Street Address (P.O. Box Number is Not Acceptable): 14200 Aster Avenue City: Wellington, FL 33414

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: [signature] Philip Echols 3/2/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARTER, BRUCE C 30003 S.W. MARTIN HWY OKEECHOBEE, FL 34974	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ECHOLS, PHILIP T P.O. BOX 98 LOXAHATCHEE, FL 33470	☐ 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
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

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: [signature] Philip Echols 3/2/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #