## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L04000009004

1. Entity Name

IRON HORSE REALTY OF NW FLORIDA, LLC



FILED
May 01, 2008 08:00 AN
Secretary of State

Principal Place of Business

Mailing Address

1147 HIGHWAY 90 WEST DEFUNIAK SPRINGS, FL 32433 1147 HIGHWAY 90 WEST DEFUNIAK SPRINGS, FL 32433



02012008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-0699079		Not Applicable
5. Certificate of Status Desired	\$5.00 Fee Re	Additional

## Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR ERINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

BROTHERTON, GAYL M 668 HIGH LONESOME RD DEFUNIAK SPRINGS, FL 32435

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

4-30-08

Daytime Phone #

<ol> <li>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.</li> </ol>				
SIGNATURE_	Signature, typed on printers name of registered agent and title if applicable,	(NOTE: Registered Agent aignature required when reinstating)	DATE	
FILE	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75		U00000936355 05/27/08-80006-025 138.75	
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROTHERTON, GAYL M 668 HIGH LONESOME ROAD DEFUNIAK SPRINGS, FL 32435			
TITLE NAME STREET ADDRESS CITY-SI-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZEP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature si bility company or the receiver or trustee empowered to exe	qualify for the exemptions contained in Chapter thall have the same legal effect as if made under cute this report as required by Chapter 608, Flori	<ol> <li>Florida Statutes. I further certify that the information oath; that I am a managing member or manager of the da Statutes.</li> </ol>	