

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060841

FILED
Jan 04, 2007
Secretary of State

Entity Name: SHELLY FRANCIS DRESSAGE LIMITED LIABILITY COMPANY

Current Principal Place of Business:

1401 MARTIN ROAD
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

3132 SIDERWHEEL DR.
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 77-0643008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, SARAH E
117 DERBY STREET
COCOA, FL 32922 MGRM US

Name and Address of New Registered Agent:

DAVIS, SARAH E
3132 SIDERWHEEL DRIVE
ROCKLEDGE, FL 32955 US

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: SARAH DAVIS

01/04/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FRANCIS, SHELLY J
Address: 117 DERBY STREET
City-St-Zip: COCOA, FL 32922

Title: MGRM () Delete
Name: DAVIS, SARAH E
Address: 117 DERBY STREET
City-St-Zip: COCOA, FL 32922

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FRANCIS, SHELLY J
Address: 3132 SIDERWHEEL DRIVE
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: MGRM (X) Change () Addition
Name: DAVIS, SARAH E
Address: 3132 SIDERWHEEL DRIVE
City-St-Zip: ROCKLEDGE, FL 32955 US

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

SIGNATURE: SHELLY FRANCIS

MGRM

01/04/2007

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