

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076138

FILED
Apr 14, 2009
Secretary of State

Entity Name: STABLE LANE, LLC

Current Principal Place of Business:

C/O JOHN PATTON
205 VILLAGE BEACH ROAD WEST
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

C/O JOHN PATTON
205 VILLAGE BEACH ROAD WEST
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 20-4428491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATTON, JOHN M
205 VILLAGE BEACH RD., WEST
SANTA ROSA BEACH, FL 32459 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: MGRM () Delete
Name: PATTON, JOHN M
Address: 205 VILLAGE BEACH ROAD WEST
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM () Delete
Name: PRICE, DEWEY G
Address: 4314 GARNER PLACE
City-St-Zip: BARTLETT, TN 38135

Title: MGRM () Delete
Name: PYBUS, MICKEY
Address: 105 BROOKS STREET, UNIT 6
City-St-Zip: FORT WATLTON BEACH, FL 32548

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOHN M PATTON

MGRM

04/14/2009

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