

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 A
Secretary of State

DOCUMENT # L04000083263

1. Entity Name
FOATE ROCKING HORSE RANCH, LLC



Principal Place of Business
**188 BOCA CIEGA POINT S.
MADERIA BEACH, FL 33708**

Mailing Address
**188 BOCA CIEGA POINT S.
MADERIA BEACH, FL 33708**



01052008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
83-0332332

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FOATE, DAVID E
188 BOCA CIEGA POINT S.
MADERIA BEACH, FL 33708**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000776305
01/09/08-80019-003 138.75

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|----------------------------|
| TITLE | MGRM |
| NAME | FOATE, DAVID E |
| STREET ADDRESS | 188 BOCA CIEGA POINT SOUTH |
| CITY-ST-ZIP | MADERIA BEACH, FL 33708 |
| TITLE | MGRM |
| NAME | FOATE, CONSTANCE |
| STREET ADDRESS | 188 BOCA CIEGA POINT SOUTH |
| CITY-ST-ZIP | MADERIA BEACH, FL 33708 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

David E. Foate 1-7-08 722-391-4590