

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90022 019 ****50.00

DOCUMENT # L04000094429 1. Entity Name PRO-MOTION PERFORMANCE HORSESHOEING, L.L.C.					
Principal Place of Business 1754 BROOKS LANE OVIEDO, FL 32765			Mailing Address 1754 BROOKS LANE OVIEDO, FL 32765		
2. Principal Place of Business 795 NIGHT OWL LN.		3. Mailing Address 795 NIGHT OWL LN.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State WINTER SPRINGS, FL		City & State WINTER SPRINGS, FL		4. FEI Number 03282005 Chg-LLC CR2E083 (10/03)	
Zip 32708		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FISHER, MARK B 1754 BROOKS LANE OVIEDO, FL 32765		7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 795 NIGHT OWL LN. City WINTER SPRINGS FL Zip Code 32708			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 FISHER, MARK B 1754 BROOKS LANE OVIEDO, FL 32765	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 795 NIGHT OWL LN. WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGR FISHER, KATHARINE A 1754 BROOKS LANE OVIEDO, FL 32765		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGR FISHER, KATHERINE ASHLEY 795 NIGHT OWL LN. WINTER SPRINGS, FL 32708		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM FISHER, CHRISTOPHER C 1754 BROOKS LANE OVIEDO, FL 32765		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SAME 795 NIGHT OWL LN. WINTER SPRINGS, FL 32708		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>Mark B. Fisher</u> Mark B. Fisher				Date <u>4/14/05</u> Daytime Phone # <u>407/448-0568</u>	