


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 13, 2007 8:00 am
Secretary of State

02-13-2007 90055 044 ****50.00

DOCUMENT # L05000005093					
1. Entity Name CHANGING HORSES LLC					
Principal Place of Business 2007 SE 13TH STREET OCALA FL 34471			Mailing Address 2007 SE 13TH STREET OCALA FL 34471		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number APPLIED FOR	
				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
A1A REGISTERED AGENT INC. 92 SADBERRY RD QUINCY FL 32351			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> Zip Code		
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 re-registering) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM HELPING, HELEN 2007 SE 13TH STREET OCALA FL 34471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM HELPING, HELEN 2007 SE 13th Street OCALA, FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	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 exemptions contained in Section 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: <i>Helen C Helping, Managing Member Changing Horses LLC 2/1/07</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

Helen C Helping, Managing Member Changing Horses LLC 3/7/07

ATTACHMENT

30002221
L05000005093

Helen Helpling
Managing Member
Changing Horses LLC
2007 SE 13th Street
Ocala, FL 34471
March 7, 2007

Florida Department of State
Division of Corporations
PO Box 6478
Tallahassee, FL 32314

Subject: **Changing Horses LLC**

Reference: **L05000005093**

Please accept my correction of the annual report/uniform business report. Box number 4, indicating an FEIN had been applied for, is incorrect. I am the sole owner of Changing Horses LLC and the LLC has no employees. According to the Internal Revenue Service, an FEIN is not required. I learned about this after I had prepared the original report. I have now corrected the 2007 report by checking the box "Not applicable" and crossing through the words "Applied For" in Box 4.

Thank you.

Helen C Helpling
Managing Member
Changing Horses LLC