


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90325 011 ***138.75

DOCUMENT # L05000121383 1. Entity Name HAPPY TRAILS OF OCALA, LLC					
Principal Place of Business 21601 SW 154 AVENUE MIAMI, FL 33170			Mailing Address 21601 SW 154 AVENUE MIAMI, FL 33170		
2. Principal Place of Business - No P.O. Box # 13221 SW 216 Terrace Suite, Apt. #, etc.		3. Mailing Address 13221 SW 216 Ter Suite, Apt. #, etc.			
City & State Miami, FL Zip 33170 Country USA		City & State Miami, FL Zip 33170 Country USA		4. FEI Number 20-4176531	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DUARTE, ELENA 21601 SW 154 AVENUE MIAMI, FL, FL 33170			7. Name and Address of New Registered Agent Name ELENA DUARTE Street Address (P.O. Box Number is Not Acceptable) 13221 SW 216 Ter City MIAMI FL Zip Code 33170		
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 _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME DUARTE, PETER STREET ADDRESS 21601 SW 154 AVENUE CITY-ST-ZIP MIAMI, FL 33170	<input type="checkbox"/> Delete		TITLE MGRM NAME PETER DUARTE STREET ADDRESS 13221 SW 216 Terr CITY-ST-ZIP Miami, FL 33170	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME HUBLEY, GROVER STREET ADDRESS 21601 SW 154 AVENUE CITY-ST-ZIP MIAMI, FL 33170	<input type="checkbox"/> Delete		TITLE MGRM NAME GROVER HUBLEY STREET ADDRESS 13221 SW 216 Terr CITY-ST-ZIP Miami, FL 33170	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME VINAS, ROBERTO STREET ADDRESS 21601 SW 154 AVENUE CITY-ST-ZIP MIAMI, FL 33170	<input type="checkbox"/> Delete		TITLE MGRM NAME ROBERTO VINAS STREET ADDRESS 13221 SW 216 Terr CITY-ST-ZIP Miami, FL 33170	<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	
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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4/18/08 305-2451090 <small>Date Daytime Phone #</small>		