


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Jun 19, 2008 8:00 am
Secretary of State

06-19-2008 90089 005 ***138.75

DOCUMENT # L06000004653			
1. Entity Name PAUL SHARP STABLES, LLC			
Principal Place of Business 17470 NE 2ND PLACE WILLISTON FL 32696		Mailing Address P.O. BOX 591 WILLISTON FL 32696	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E083 (10/07)

4. FEI Number 20-4109722		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	
SHARP, PAUL M 17470 NE 2ND PLACE WILLISTON FL 32696		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) 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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHARP, PAUL M P.O. BOX 591 WILLISTON FL 32696 <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:  **6-13-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



ATTACHMENT
50007267
DUGGAN, JOINER
& COMPANY

CERTIFIED PUBLIC ACCOUNTANTS

FRANK E. STAFFORD, JR., C.P.A.*
EDWARD J. FURMAN, C.P.A.*
O.H. DANIELS, JR., C.P.A.* CFP, PFS
R. PHILLIP BLEDSOE, C.P.A.* CFP
CAROLE A. WRIGHT, C.P.A.*
ANNETTE C. FURMAN, C.P.A.*
LAURA J. ALLEN, C.P.A.* CFP, PFS

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SHEILA A. BARTCZAK, C.P.A.*
GWYNNE M. LEWIS, C.P.A.*
JEREMY P. APPELATE, C.P.A.*
JENNY L. LONGO, C.P.A.*

June 17, 2008

Florida Dept. of State
Division of Corporations
Annual Report Section
P. O. Box 6850
Tallahassee, FL 32314

Re: Document # L06000004653/Paul Sharp Stables, LLC

To Whom It May Concern:

Enclosed please find the 2008 Limited Liability Company Annual Report for Paul Sharp Stables, LLC (FEI #20-4109722) along with check# 5583 in the amount of \$138.75.

My client just recently switched his bookkeeping duties to our office and had relied on his prior bookkeeper to pay his bills in a timely matter. Unfortunately, she failed to pay the annual report by the May 1st deadline. I am requesting that the late fee be waived due to these circumstances.

Thank you for your help in this matter.

Sincerely,

Dawn J. Martin

Dawn J. Martin,
Bookkeeper