2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000035847

1. Entity Name

DEADHORSE PROPERTIES, L.L.C.



FILED Apr 23, 2008 08:00 AN Secretary of State

Principal Place of Business

4234 HOMEWOOD LANE LAKELAND, FL 33811 Mailing Address

4234 HOMEWOOD LANE LAKELAND, FL 33811



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
NOT APPLICABLE		Not Applicable
5. Certificate of Status Desired	\$5.00	O Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MORRISON, JOSEPH A 3500 SOUTH FLORIDA AVENUE STE 3 LAKELAND, FL 33803 DO NOT WRITE IN THIS SPACE

	The above named entity submits this statement for the purpose of changing the obligations of registered agent.	ng its registered office or registered agent, or b	oth, in the State of Florida.	I am familiar with, and accept
SI	GNATURE			
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when rainstating)	[DATE

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

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALLMAN, JERRY D 4234 HOMEWOOD LANE LAKELAND, FL 33811
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11 hereby	continue that the information cumplied with this filing does not qualify for the av

U00000917018 05/13/08-80025-008 138.75

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: 3

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/21/08

863-646-8108

Daytime Phone #