

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 17, 2008 08:00 A  
Secretary of State**

**DOCUMENT # L06000052829**

**1. Entity Name**

**TROUT CREEK SADDLE CLUB, LLC**



**Principal Place of Business**

**1600 SARNO ROAD, SUITE 119-G  
MELBOURNE, FL 32935**

**Mailing Address**

**1600 SARNO ROAD, SUITE 119-G  
MELBOURNE, FL 32935**



01162008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**65-1281620**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MOSLEY, CURTIS R  
1221 EAST NEW HAVEN AVENUE  
MELBOURNE, FL 32901**

**DO NOT WRITE  
IN THIS SPACE**

**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 reinstating)

DATE

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

U00000903859  
04/30/08-80062-016 138.75

**9. MANAGING MEMBERS/MANAGERS**

**TITLE MGRM  
NAME RUFO, PAUL  
STREET ADDRESS 1600 SARNO ROAD, SUITE 119-G  
CITY - ST - ZIP MELBOURNE, FL 32935**

**TITLE MGRM  
NAME HANNON, JAMES T  
STREET ADDRESS 1110 HIGHWAY A1A  
CITY - ST - ZIP SATELLITE BEACH, FL 32937**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

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CITY - ST - ZIP**

**DO NOT WRITE  
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**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: *Paul R. Rufo* PAUL R. RUFO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4-4-08 321 543-8265**