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Secretary of State
04-30-2007 90074 006 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/30/2

DOCUMENT # L06000058668

1. Entity Name
THREE STOOGES STABLES, LLC

Principal Place of Business	Mailing Address
389 MARANDA DRIVE GREEN COVE SPRINGS, FL 32043	389 MARANDA DRIVE GREEN COVE SPRINGS, FL 32043

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Street, Apt. #, etc.	Suite, Apt. #, etc.
City & State:	City & State
Zip / County	Zip / County

D1042007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5036254 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $6.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOLE, DARRIN 389 MARANDA DRIVE GREEN COVE SPRINGS, FL 32043	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 _____ DATE
(Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent's signature required when changing)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HRKMAN, NICHOLAS III 425 BRIERLY LANE MUNHALL, PA 15120	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HERMAN, NICHOLAS II	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JOLE, DARRIN 389 MARANDA DRIVE GREEN COVE SPRINGS, FL 32043	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM STEVENS, LOUIE 14406 CAMACK TRAIL MIDLOTHIAN, VA 23114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Darrin E Jole 4-25-07 386-931-5086
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) (Date) (Daytime Phone #)

TOTAL P.01