


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 17, 2007 8:00 am
Secretary of State

07-17-2007 90006 041 ****50.00

DOCUMENT # L06000119495 1. Entity Name BLUEJAY STABLES LLC																													
Principal Place of Business 2400 NW 110TH AVENUE OCALA, FL 34482			Mailing Address 2400 NW 110TH AVENUE OCALA, FL 34482																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
<div style="display: flex; justify-content: space-between;"> 06302007 Chg-LLC CR2E083 (12/06) <div style="border: 1px solid black; padding: 2px;"> 4. FEI Number 20-8141992 </div> <div style="border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div> </div>																													
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																													
6. Name and Address of Current Registered Agent CERRA, MELISSA 2400 NW 110TH AVENUE OCALA, FL 34482			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State																											
<div style="display: flex;"> <div style="flex: 1;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CERRA, KENNETH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2400 NW 110TH AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OCALA, FL 34482</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MGRM	<input type="checkbox"/> Delete	NAME	CERRA, KENNETH		STREET ADDRESS	2400 NW 110TH AVENUE		CITY-ST-ZIP	OCALA, FL 34482		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 606, Florida Statutes.																													
SIGNATURE: <u>Melissa Cerra</u>			7-16-07 352-274-4532																										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																													