
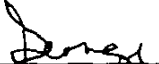


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 8:00 am**  
**Secretary of State**

01-18-2008 90016 021 \*\*\*138.75

<b>DOCUMENT # L07000087496</b>								
1. Entity Name <b>GEORGE HENNESSY HORSE TRANSPORTATION, LLC</b>								
Principal Place of Business <b>2378 PLAYERS COURT WELLINGTON, FL 33414</b>		Mailing Address <b>2378 PLAYERS COURT WELLINGTON, FL 33414</b>						
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	4. FEI Number <b>26-0474552</b> <table border="1" style="float: right; margin-left: 10px;"> <tr> <td>Applied For</td> <td></td> </tr> <tr> <td>Not Applicable</td> <td><input checked="" type="checkbox"/></td> </tr> </table>	Applied For		Not Applicable	<input checked="" type="checkbox"/>
Applied For								
Not Applicable	<input checked="" type="checkbox"/>							
5. Certificate of Status Desired <input type="checkbox"/>		01152008    Chg-LLC    CR2E083 (12/06) <b>\$5.00 Additional Fee Required</b>						
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
<b>CHAPMAN &amp; GALLE, PLC</b> 13501 SOUTHSORE BLVD., STE. 103 WELLINGTON, FL 33414			Name					
			Street Address (P.O. Box Number is Not Acceptable)					
			City					
			<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>								
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>						
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES					
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	HENNESSY, GEORGE	NAME						
STREET ADDRESS	2378 PLAYERS COURT	STREET ADDRESS						
CITY-ST-ZIP	WELLINGTON, FL 33414	CITY-ST-ZIP						
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME		NAME						
STREET ADDRESS		STREET ADDRESS						
CITY-ST-ZIP		CITY-ST-ZIP						
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME		NAME						
STREET ADDRESS		STREET ADDRESS						
CITY-ST-ZIP		CITY-ST-ZIP						
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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CITY-ST-ZIP		CITY-ST-ZIP						
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TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME		NAME						
STREET ADDRESS		STREET ADDRESS						
CITY-ST-ZIP		CITY-ST-ZIP						
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.								
<b>SIGNATURE:</b> 		GEORGE HENNESSY _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE		1-15-08 _____ Date				
				215 280 2656 _____ Daytime Phone #				