

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000102786

Entity Name: FEDAMORE STABLE LLC

**FILED**  
**Mar 23, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

12730 N.W. HIGHWAY464B  
OCALA, FL 34482 US

**New Principal Place of Business:**

5 HANDICAPPER LANE  
OCALA, FL 34482 US

**Current Mailing Address:**

P.O.BOX 770477  
OCALA, FL 34477 US

**New Mailing Address:**

FEI Number: 26-1203513

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLOHESSY, BARRY J  
12730 N.W. HIGHWAY 464B  
OCALA, FL 34482 US

**Name and Address of New Registered Agent:**

CLOHESSY, BARRY J  
5 HANDICAPPER LANE  
OCALA, FL 34482 US

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.

SIGNATURE: BARRY CLOHESSY

03/23/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CLOHESSY, BARRY J  
Address: PO BOX 770477  
City-St-Zip: OCALA, FL 3447 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BARRY CLOHESSY

MGR

03/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date