2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 03, 2009
Secretary of State

DOCUMENT# L07000115832

Entity Name: THREE OAKS EQUINE REPRODUCTIVE FACILITY LLC

Current Principal Place of Business:

456 PARNELL ROAD
ZOLFO SPRINGS, FL 33890 US

New Principal Place of Business:

7713 STATE ROAD 64 EAST
ZOLFO SPRINGS, FL 33890 US

Current Mailing Address:

456 PARNELL ROAD
ZOLFO SPRINGS, FL 33890 US

New Mailing Address:

7713 STATE ROAD 64 EAST
ZOLFO SPRINGS, FL 33890 US

FEI Number: 26-1444358 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

STEVENS, LIZ Y
456 PARNELL ROAD
ZOLFO SPRINGS, FL 33890 US

Name and Address of New Registered Agent:

STEELE, LIZ Y
7713 STATE ROAD 64 EAST
ZOLFO SPRINGS, FL 33890 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: LIZ Y STEELE 10/03/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: STEVENS, LIZ Y
Address: 456 PARNELL ROAD
City-St-Zip: ZOLFO SPRINGS, FL 33890 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: STEELE, LIZ Y
Address: 7713 STATE ROAD 64 EAST
City-St-Zip: ZOLFO SPRINGS, FL 33890 US

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: LIZ Y STEELE PRES 10/03/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date