

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000121080

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: VINTAGE OAKS EQUINE FARMS LLC

## Current Principal Place of Business:

12172 128TH STREET  
LIVE OAK, FL 32060 US

## New Principal Place of Business:

## Current Mailing Address:

12172 128TH STREET  
LIVE OAK, FL 32060 US

## New Mailing Address:

FEI Number: 26-1515109

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MATTHEWS, TIMALYNN M  
12172 128TH STREET  
LIVE OAK, FL 32060 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: MATTHEWS, TIMALYNN M  
Address: 12172 128TH STREET  
City-St-Zip: LIVE OAK, FL 32060 US

Title: MGRM ( ) Delete  
Name: MATTHEWS, WILLIAM C  
Address: 12172 128TH STREET  
City-St-Zip: LIVE OAK, FL 32060 US

Title: MGRM ( ) Delete  
Name: HALL, GERALD W  
Address: 4902 FLORA DRIVE  
City-St-Zip: MELBOURNE, FL 32934 US

Title: MGRM ( ) Delete  
Name: HALL, JEAN S  
Address: 4902 FLORA DRIVE  
City-St-Zip: MELBOURNE, FL 32934 US

## ADDITIONS/CHANGES:

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

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

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

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: TIMALYNN MATTHEWS

MGR

01/15/2009

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