

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

07-28-2008 90074 027 ***138.75
L07000121221

DOCUMENT # L07000121221 1. Entity Name PAINTED PONIES STABLE, LLC																																																																																																																																						
Principal Place of Business 1504 EAGLE NEST CIRCLE WINTER SPRINGS, FL 32708 US			Mailing Address 1504 EAGLE NEST CIRCLE WINTER SPRINGS, FL 32708 US																																																																																																																																			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																																				
Subs, Apt. #, etc.		Subs, Apt. #, etc.																																																																																																																																				
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Zip	Country	Zip	Country	4. FEI Number 26-1805599																																																																																																																																		
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable																																																																																																																																		
6. Name and Address of Current Registered Agent UNITED STATES CORPORATION AGENTS, INC. 320 S. FLAMINGO ROAD #347 PEMBROKE PINES, FL 33027				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 except the obligations of registered agent.																																																																																																																																						
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when withdrawing)																																																																																																																																						
FILE MONTHLY FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State																																																																																																																																		
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Delete ☐</td> </tr> <tr> <td>NAME</td> <td>ROTHFUSS, PAUL H</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1504 EAGLE NEST CIRCLE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WINTER SPRINGS, FL 32708</td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete ☐</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> <tr><td colspan="3"> </td></tr> <tr><td>TITLE</td><td>NAME</td><td>Delete ☐</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> <tr><td colspan="3"> </td></tr> <tr><td>TITLE</td><td>NAME</td><td>Delete ☐</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> <tr><td colspan="3"> </td></tr> <tr><td>TITLE</td><td>NAME</td><td>Delete ☐</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> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Change ☐ 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> <tr><td colspan="3"> </td></tr> <tr><td>TITLE</td><td>NAME</td><td>Change ☐ 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> <tr><td colspan="3"> </td></tr> <tr><td>TITLE</td><td>NAME</td><td>Change ☐ 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> <tr><td colspan="3"> </td></tr> <tr><td>TITLE</td><td>NAME</td><td>Change ☐ 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>						TITLE	NAME	Delete ☐	NAME	ROTHFUSS, PAUL H		STREET ADDRESS	1504 EAGLE NEST CIRCLE		CITY-ST-ZIP	WINTER SPRINGS, FL 32708					TITLE	NAME	Delete ☐	NAME			STREET ADDRESS			CITY-ST-ZIP						TITLE	NAME	Delete ☐	NAME			STREET ADDRESS			CITY-ST-ZIP						TITLE	NAME	Delete ☐	NAME			STREET ADDRESS			CITY-ST-ZIP						TITLE	NAME	Delete ☐	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change ☐ Addition ☐	NAME			STREET ADDRESS			CITY-ST-ZIP						TITLE	NAME	Change ☐ Addition ☐	NAME			STREET ADDRESS			CITY-ST-ZIP						TITLE	NAME	Change ☐ Addition ☐	NAME			STREET ADDRESS			CITY-ST-ZIP						TITLE	NAME	Change ☐ 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 608, Florida Statutes.																																																																																																																																						
SIGNATURE: <u>Paul H. Rothfuss</u> PAUL H ROTHFUSS 7/12/08 366 3888 Signature and typed or printed name of person who is member, manager, or authorized representative																																																																																																																																						

FILED
08 SEP 23 PM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Paul H. Rothfuss