

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000005456

FILED
Apr 27, 2009
Secretary of State

Entity Name: IRON PONY TRAVELER, LLC

Current Principal Place of Business:

9605 N. FLEET PATH
DUNNELLON, FL 34433 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1408
DUNNELLON, FL 34430 US

New Mailing Address:

FEI Number: 36-4625993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MESTROVIDCH, MARK A
9605 N. FLEET PATH
DUNNELLON, FL 34430 US

Name and Address of New Registered Agent:

MESTROVICH, CHRISTINE M
9605 N FLEET PATH
DUNNELLON, FL 34433 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: CHRISTINE M MESTROVICH

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MESTROVICH, MARK
Address: PO BOX 1408
City-St-Zip: DUNNELLON, FL 34430 US

Title: MGRM () Delete
Name: MESTROVICH, CHRISTINE
Address: PO BOX 1408
City-St-Zip: DUNNELLON, FL 34430 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MESTROVICH, MARK A IV
Address: 116 MIDDLEBURY DR.
City-St-Zip: JUPITER, FL 34458 US

Title: MGRM (X) Change () Addition
Name: MESTROVICH, CHRISTINE M
Address: PO BOX 1408
City-St-Zip: DUNNELLON, FL 34430 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: CHRISTINE M MESTROVICH

MGRM

04/27/2009

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