2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L9700000717 1. Entity Name BEN'S HITCHING POST CAMPGROUND, L.C.						Jan 28, 2004 08:00 AM Secretary of State					M
Principal Place of Business Mailing Address							\dashv				
2440 NE 11			2440 NE 115TH AVE.	•							
				SILVER SPRINGS FL 34488							
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2. Principal Place of Business				3. Mailing Address			-				
				4					EB III EB III BB III		
Suite, Apt. # etc.				Suite, Apt. #, etc.				MOORE	CR2E08	3 (11/03)	
City & State				City & State			4. FEI Nui	mber) Ac	phed For
								59-3453610) 		t Applicable
Zip	Country			Zφ		atry	5. Certific	ate of Status Desired		\$5.00 Add	
6. Name and Address of Current F				gistered Agent	1	7. Name a	and Address of New R	enietared	Fee Require	g	
						Name	71 140,000	THE PROPERTY OF THE PARTY	ogistarea :	rigetti	
SCHULTZ, PATRICIA					Street Address (P.O. Box Number is Not Acceptable)						
2440 NE 115TH AVE. SILVER SPRINGS FL 34488						Street Address	S (F.O. BOX RED	noer is Not Acceptable	7		
JIL	VLII OI III	NG3 1 L 34400									
						City			FL	Zip Cod	e
8. The above	e named entit	v submits this statemer	at for the	e ourpose of changing its	register	ed office or regist	ered agent or	hoth in the State of Fin		- 1	and accept
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 accept the obligations of registered agent. SIGNATURE Signature, lybud of printed name of registered agent and title if approache. (NOTE Registered Agent signature required when censioning) DATE											
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State											
				?		ay 1, 2004					
9.		MANAGING MEN	ABERS,	/MANAGERS	10.			ADDITIONS/	CHANGES	<u>.</u>	
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NAME CTOCCT ADDRESS	SCHULTZ, PATRICIA					Æ		UAAAAAAA			
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TITLE	MEM Delete					E		ATTENDED DU	142_01 <u>6</u>	□ Change	Addition
NAME	SCHULTZ, LEROY SR.									C. Ottainge	
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CITY-ST-ZIP	SILVER SP	RINGS FL 34488				'-ST-ZIP					
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CITY-ST-ZIP						- ST- Z(P					
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 flability company or the posetiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.											

FILED