

2nd and 1st File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

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LIMITED LIABILITY COMPANY
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 99 AUG 11 PM 3:53 *LR 8/13*
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
\$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L98000002962
 HARTLEY/DERENZO STALLIONS, LLC
 20020 N. 45 HIGHWAY 441
 OCALA FL 34475

1a. Principal Place of Business Address
 20020 N. 45 HIGHWAY 441
 OCALA FL 34475

2. Principal Place of Business
 12020 N. Hwy 441
 Suite, Apt. #, etc.

2a. Mailing Address
 12020 N. Hwy 441
 Suite, Apt. #, etc.

City & State
 Ocala, FL

City & State
 Ocala, FL

Zip Country
 34475 USA

Zip Country
 34475 USA

3. Date Organized or Qualified 11/26/1998
 3a. State of Formation FL

4. FEI Number 59-3557656
 Applied For
 Not Applicable

5. Date of Last Report
 6. Certificate of Status Desired
 SR 75 Additional Fee Required

7. Name and Address of Current Registered Agent
 DERENZO, DEAN J
 12020 N. 45 HIGHWAY 441
 OCALA FL 34475

8. Name and Address of New Registered Agent/Office
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 12020 N. Hwy 441
 Suite, Apt. #, etc.
 City
 Ocala, FL
 Zip Code
 FL 34475

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
 (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	DERENZO, DEAN J	20020 N. 45 HIGHWAY 441 12020 N. Hwy 441	OCALA FL 34475
MGRM	HARTLEY, RANDALL	20020 N. 45 HIGHWAY 441 12020 N. Hwy 441	OCALA FL 34475

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11. I do 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 annual 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 606, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *[Signature]* 352-732-8878
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date D: 08/17/99



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FILED

99 AUG 11 PM 3:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

July 30, 1999

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed, please find our check in the amount of \$188.75 in payment of our annual filing fee. We are not including the \$400.00 late fee, as we never received our first notice, due to the incorrect entry of our address. Please make changes as noted.

Thank you for your consideration in waiving the late fee.

Sincerely,

A handwritten signature in cursive script that reads "Connie Fales".

Connie Fales
Office Manager