

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90196 031 \*\*\*\*50.00

DOCUMENT # L99000006768

1. Entity Name

SCHEIGERT RACING STABLES, LLC



Principal Place of Business

1506 RT. 40  
SCHAGHTICOKE NY 12154-2835

Mailing Address

1506 RT. 40  
SCHAGHTICOKE NY 12154-2835

2. Principal Place of Business

10757 Cleary Blvd Apt 304  
Suite, Apt. #, etc.  
Apt 304

3. Mailing Address

10757 Cleary Blvd -  
Suite, Apt. #, etc.  
Apt 304

City & State

Plantation FL -

Zip

33324

Country

Broward -

City & State

Plantation FL

Zip

33324

Country

Broward -



MOORE

CR2E083 (11/03)

4. FEI Number

59-3609866

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COLLINS, GEORGE G JR.  
756 BEACHLAND BLVD.  
VERO BEACH FL 32963

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 accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME SCHEIGERT, FRED  
STREET ADDRESS 1506 RT. 40  
CITY-ST-ZIP SCHAGHTICOKE NY 12154-2835

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Fred W. Scheigert*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/10/04 (954) 472-8772

Date

Daytime Phone #