2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0100002817

1. Entity Name

PIN OAK STUD, LLC

limited liability company or



FILED Mar 14, 2003 8:00 am Secretary of State 03-14-2003 90003 002 ****50.00

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Principal Place	of Business	Mailing Address								
PO BOX 68, 830 GRASSY SPRINGS ROAD VERSAILLES KY 40383		PO BOX 68, 830 GRASSY SPRINGS ROAD VERSAILLES KY 40383		 	HE OTA RUIDA HURK DAKI ARIN D	5111 EB111 16 111	 1 11001 10161 1101	i 1881 (881		
		3. Mailing Address		·						
2. Principal Place of Business		3. Mailing Address	wanting Address		1 150701		81 111 88 211 88 111)	1 LEWI HABI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES						
City & State		City & State			4. FEI Numl	61-0980586	<u> </u>	Not	Applicable	
Zip	Country	Zip	Country		1	e of Status Desired		55.00 Addit ee Required		
	6. Name and Address of Curre	nt Registered Agent			7. Name an	d Address of New Re	gistered A	gent		
	ADDODATION CYCTEM		. '	Name						
_	CORPORATION SYSTEM S. PINE ISLAND RD.		Street Addres			(P.O. Box Number is Not Acceptable)				
	TATION FL 33324				<u> </u>					
I LAN	IAHOH I E GOOL I	•								
		•	City				FL	Zip Code		
the obligation	named entity submits this statement ons of registered agent. Signature, typed or printed name of registered as		s registered offic			oth, in the State of Fior	ida. I am fa	miliar with, a	ind accept	
	Signature, typed or printed name or registered as	Jen and the mapping			-	<u> </u>				
			IOW!!! FEE !!		ant of State					
		Make Check Payat	ue By May 1, 2		sill Oi State				}	
						ADDITIONS/	CHANGES			
9.		MBERS/MANAGERS	10.			7651116.167		Change	Addition	
TITLE	MGR BACKER, JOHN W JR.	Delete	NAME	ĺ						
NAME STREET ADDRESS	830 GRASSY SPRINGS ROA	D	STREET ADOR	ss					l	
CITY-ST-ZIP	VERSAILLES KY 40383		CITY-ST-ZIP	-					- A Legan	
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STREET ADDRESS			STREET ADDI CITY-ST-ZIF	ESS	•					
CITY-ST-ZIP				otated in	Section 110.07	(3)(i) Florida Statutes	I further cer	tify that the i	nformation	
11. I hereby indicated	Certify that the information supplied on this report is true and accurate bility company or the receiver or tr	i with this filing does not qualify, and that my signature shall hav ustee empowered to execute th	nor the exemption we the same lega his report as requ	effect as i red by Cha	f made under o apter 608, Florid	ath; that I am a managa da Statutes.	ging membe	er or manage	er of the	

OR AUTHORIZED REPRESENTATIVE