

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000001264

FILED
May 02, 2004
Secretary of State

Entity Name: CLOVER IV STABLES, LLC.

Current Principal Place of Business:

14214 N. US HWY 27
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

14214 N. US HWY 27
OCALA, FL 34482

New Mailing Address:

FEI Number: 61-1332046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, MARK
14214 N. US HIGHWAY 27
OCALA, FL 34482 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: ROBERTS, MARK
Address: 14214 N. US HIGHWAY 27
City-St-Zip: OCALA, FL 34482

Title: MGR () Delete
Name: HALL, DAN
Address: 14214 N US HWY 27
City-St-Zip: OCALA, FL 34482

Title: MGR () Delete
Name: VELLA, DANIEL
Address: 14214 N US HWY 27
City-St-Zip: OCALA, FL 34482

Title: MGR () Delete
Name: BROTHERS, JACK
Address: 14214 N. US HWY 27
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK ROBERTS

MGR

05/02/2004

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