

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000001264

Entity Name: CLOVER IV STABLES, LLC.

FILED  
Sep 08, 2007  
Secretary of State

## Current Principal Place of Business:

851 ESCONDIDA ROAD  
PARIS, KY 40361

## New Principal Place of Business:

## Current Mailing Address:

851 ESCONDIDA ROAD  
PARIS, KY 40361

## New Mailing Address:

FEI Number: 61-1332046      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## 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:

ROBERTS, MARK  
15079 NW 141ST COURT  
WILLISTON, FL 32696      US

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: THOMAS M. ROBERTS

09/08/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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: 851 ESCONDIDA ROAD  
City-St-Zip: PARIS, KY 40361

Title: MGR      ( ) Delete  
Name: VELLA, DANIEL  
Address: 851 ESCONDIDA ROAD  
City-St-Zip: PARIS, KY 40361

Title: MGR      ( ) Delete  
Name: BROTHERS, JACK  
Address: 851 ESCONDIDA ROAD  
City-St-Zip: PARIS, KY 40361

## ADDITIONS/CHANGES:

Title: MGR      (X) Change ( ) Addition  
Name: ROBERTS, MARK  
Address: 15079 NW 141ST COURT  
City-St-Zip: WILLISTON, FL 32696

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 exemption stated in Chapter 119, 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: THOMAS M. ROBERTS

MGR

09/08/2007

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