

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054305

FILED
Mar 17, 2006
Secretary of State

Entity Name: HOPE FARM EQUESTRIAN CENTER, LLC

Current Principal Place of Business:

6303 MICCOSUKEE ROAD
TALLAHASSEE, FL 323098403

New Principal Place of Business:

Current Mailing Address:

6303 MICCOSUKEE ROAD
TALLAHASSEE, FL 323098403

New Mailing Address:

FEI Number: 56-2471761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANEY, ANTHONY C
6303 MICCOSUKEE ROAD
TALLAHASSEE, FL 323098403 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/MANAGERS:

Title: MGRM () Delete
Name: CANEY, ANTHONY
Address: 6303 MICCOSUKEE ROAD
City-St-Zip: TALLAHASSEE, FL 323098403

Title: MGRM () Delete
Name: EPPERSON, WILLIAM L
Address: 308 PERU STREET, P.O. BOX 286
City-St-Zip: WALNUT, IL 61376

Title: MGRM () Delete
Name: CANEY, ANNA C
Address: 6303 MICCOSUKEE ROAD
City-St-Zip: TALLAHASSEE, FL 323098403

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTHONY CANEY

MGRM

03/17/2006

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