

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000001434

1. Entity Name
GREAT WESTERN EQUESTRIAN, LLC



Principal Place of Business
150 FIELD DRIVE SUITE 200
C/O BOB PETERSON
LAKE FOREST, IL 60045

Mailing Address
150 FIELD DRIVE SUITE 200
C/O BOB PETERSON
LAKE FOREST, IL 60045

FILED
Aug 04, 2008 08:00 AM
Secretary of State



07022008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 83-0327926	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

DE MAEYER, NANCY
15502 CYPRESS PARK DRIVE
WELLINGTON, FL 33414

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DE MAEYER, NANCY
STREET ADDRESS	1605 N. PRATT ROAD
CITY-ST-ZIP	JACKSON, WY 83001
TITLE	MGR
NAME	DE MAEYER, BRUCE R
STREET ADDRESS	1605 N. PRATT ROAD
CITY-ST-ZIP	JACKSON, WY 83001
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000356970
08/04/08-80005-006 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

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

8/1/08

Date

561/422-3648

Daytime Phone #