

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90043 008 ****50.00

DOCUMENT # L03000017280

1. Entity Name
12460 EQUINE LANE, LLC



Principal Place of Business
806 DOUGLAS ROAD STE 580
CORAL GABLES, FL 33134

Mailing Address
806 DOUGLAS ROAD STE 580
CORAL GABLES, FL 33134



01062006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
20-2470583

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REGISTERED AGENT CORPORATE SERVICES, INC.
806 DOUGLAS ROAD STE 580
CORAL GABLES, FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME VENEGAS, JUAN C ☐ Delete
STREET ADDRESS 200 S BISCAYNE BLVD., #4100
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGR
NAME VENEGAS, JUAN C. ☒ Change ☐ Addition
STREET ADDRESS 806 Douglas Road, Suite 580
CITY-ST-ZIP Coral Gables, FL 33134

TITLE MGRM
NAME VENEGAS, JUAN C ☐ Delete
STREET ADDRESS 200 S BISCAYNE BLVD., #4100
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGRM
NAME VENEGAS, JUAN C. ☒ Change ☐ Addition
STREET ADDRESS 806 Douglas Road, Suite 580
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TITLE
NAME ☐ Change ☐ Addition
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TITLE
NAME ☐ Delete
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TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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, or empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

3/16/06