

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017280

Entity Name: 12460 EQUINE LANE, LLC

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

C/O 355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134

Current Mailing Address:

C/O 355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134

New Principal Place of Business:

C/O 355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134 US

New Mailing Address:

C/O 355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134 US

FEI Number: 20-2470583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENT CORPORATE SERVICES, INC.
355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134 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: MGR () Delete
Name: VENEGAS, JUAN C
Address: C/O 355 ALHAMBRA CIRCLE, SUITE 801
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM () Delete
Name: VENEGAS, JUAN C
Address: C/O 355 ALHAMBRA CIRCLE, SUITE 801
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES:

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: JUAN C. VENEGAS

MGR

03/24/2009

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