

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR -1 AM 9:44

DOCUMENT # A99000000183

1. Entity Name
EQUINE STABLE, LTD.



Principal Place of Business
3665 BEE RIDGE ROAD, SUITE 310
SARASOTA, FL 34233

Mailing Address
3665 BEE RIDGE ROAD, SUITE 310
SARASOTA, FL 34233

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0890362

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCSWEENEY, ANINA C
3665 BEE RIDGE ROAD, SUITE 310
SARASOTA, FL 34233

Name
Jaime S. Carrion

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

3665 Bee Ridge Rd. #310

City
Sarasota

FL

Zip Code
34233

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.

Jaime S. Carrion

March 4, 2005

DATE

9. Capital Contributions
as shown on record. \$20,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
P99000008689
EQUINE STABLE, INC.
3665 BEE RIDGE ROAD, SUITE 310
SARASOTA, FL 34233

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

400050134344
04/07/05--01065--010 **228.75

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE

Jaime S. Carrion

3/4/05

(941) 923-4551

TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE