

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016128

FILED
Apr 20, 2006
Secretary of State

Entity Name: PETERSON & SMITH EQUINE HOSPITAL , LLC

Current Principal Place of Business:

4747 SW 60TH AVE.
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

4747 SW 60TH AVE.
OCALA, FL 34474

New Mailing Address:

FEI Number: 65-1072193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KING, WILLIAM ALLAN ESQ.
1531 S.E. 36TH AVENUE
OCALA, FL 34471 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: PETERSON, JOHN L
Address: 4747 SW 60TH AVE.
City-St-Zip: Ocala, FL 34474

Title: MGRM () Delete
Name: MATTHEWS, PHILIP M
Address: 4747 SW 60TH AVE.
City-St-Zip: Ocala, FL 34474

Title: MGRM () Delete
Name: HAHN, J. KEVIN
Address: 4747 SW 60TH AVE.
City-St-Zip: Ocala, FL 34474

Title: MGRM () Delete
Name: SLONE, DONNIE E
Address: 4747 SW 60TH AVE.
City-St-Zip: Ocala, FL 34474

Title: MGRM () Delete
Name: RUSSELL, WILLIAM B
Address: 4747 SW 60TH AVE.
City-St-Zip: Ocala, FL 34474

Title: MGRM () Delete
Name: CLARK, CAROL
Address: 4747 SW 60TH AVE
City-St-Zip: Ocala, FL 34474

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:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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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: JOHN L PETERSON

MGRM

04/20/2006

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