LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2002 8:00 am
Secretary of State

08-14-2002 90028 015 ****55.00

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DOCUMENT # L00000016357

1. Entity Name
DAVILA EQUESTRIAN INTERNATIONAL, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15990 LAUREL CREEK DR.
Suite, Apt. #, etc.
City & State: DELRAY BEACH, FLORIDA
Zip: 33446 Country:

3. Mailing Address
15990 LAUREL CREEK DR.
Suite, Apt. #, etc.
City & State: DELRAY BEACH, FLORIDA
Zip: 33446 Country:

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4. FEI Number: 311804810 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: VICENTE FRAILE
Street Address (P.O. Box Number is Not Acceptable): 15990 LAUREL CREEK DR.
City: DELRAY BEACH FL Zip Code: 33446

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.

SIGNATURE: _____ DATE: 8-13-02
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MANAGING MEMBER
NAME	VICENTE FRAILE
STREET ADDRESS	15990 LAUREL CREEK DRIVE
CITY-ST-ZIP	DELRAY BEACH, FLORIDA 33446

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

11. 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 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: _____ 8/13/02 (561) 389-4888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083B (12/01)