

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016357

FILED
Jul 11, 2005
Secretary of State

Entity Name: AVILA EQUESTRIAN INTERNATIONAL, LLC

Current Principal Place of Business:

15990 LAUREL CREEK DR
DELRAY BEACH, FL 33446

New Principal Place of Business:

13833 E-4 WELLINGTON TRACE
225
WELLINGTON, FL 33414

Current Mailing Address:

13833 E-4 WELLINGTON TRACE
#225
WELLINGTON, FL 33414

New Mailing Address:

21218 ST. ANDREWS BLVD.
616
BOCA RATON, FL 33433

FEI Number: 31-1804810 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FRAILE, VICENTE
15990 LAUREL CREEK DR
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

FRAILE, VICENTE
21218 ST. ANDREWS BLVD.
616
BOCA RATON, FL 33433 US

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:

07/11/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FRAILE, MARION
Address: 13833 E-4 WELLINGTON TRC #225
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FRAILE, MARION
Address: 21218 ST. ANDREWS BLVD. 616
City-St-Zip: BOCA RATON, FL 33433

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARION FRAILE

MRS.

07/11/2005

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