2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000005731

1. Entity Name
KNOLL DRESSAGE, LLC

Principal Place of Business	Mailing Address
2121 MILLS CREEK RD. CHULUOTA, FL 32766	2121 MILLS CREEK RD. CHULUOTA, FL 32766

01162006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3747212
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

STEIN, W. JEFFRY ESQ.
STEIN, SONNENSCHEIN, HOCHMAN & PEPPLER
1420 ALAFAYA TRAIL, STE. 101
OVIEDO, FL 32765

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

U00000406791
02/07/06-80105-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GRIBBONS, DAVID
STREET ADDRESS	2121 MILLS CREEK RD.
CITY-ST-ZIP	CHULUOTA, FL 32766
TITLE	MGR
NAME	GRIBBONS, ANNE
STREET ADDRESS	2121 MILLS CREEK RD.
CITY-ST-ZIP	CHULUOTA, FL 32766
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: David Gribbons 1/27/06 (407) 366-5545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #