

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000006329

1. Entity Name
COLLIER EQUESTRIAN CENTER, LLC



Principal Place of Business
**10610 IMMOKALEE RD.
NAPLES, FL 34120**

Mailing Address
**10217 GULFSHORE DR.
NAPLES, FL 34108**

DO NOT WRITE IN THIS SPACE



01072004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3723951

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CLEARY, JOSEPH
10217 GULFSHORE DR.
NAPLES, FL 34108**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CLEARY, JOSEPH
STREET ADDRESS	10217 GULFSHORE DR.
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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**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)(f), 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: _____

1-13-04