

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 05, 2005 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**



01272005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-3723951 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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, 2005**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGRM CLEARY, JOSEPH 10217 GULFSHORE DR. NAPLES, FL 34108 |
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02/05/05-80050-021 50.00

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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: Katherine Cleary Katherine Cleary 2-5-05 239-598-4550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #