## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0100006329

1. Entity Name

## COLLIER EQUESTRIAN CENTER, LLC

SIGNATURE: SIGNATURE AND DIPED OR PRINTED NAME OF



**FILED** Apr 21, 2003 8:00 am Secretary of State 04-21-2003 90128 048 \*\*\*\*50.00

CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE           NAME         NAME           STREET ADDRESS         STREET ADDRESS	Principal Plac	e of Business	Mailing Address	Mailing Address							
Suite, Apr. etc.  Suite, Apr. etc.  Suite, Apr. etc.  City & State  Applies FL.  City & State  Address of Status Desirod   Scatus Desirod   Sca											
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Suite, Apr # end.   CHECK HERE IF MAKING CHANGES			3. Mailing Address								
Not Applicable   Not Applicable   Status Desired   \$5.00 Additional Personal Address of Current Registered Agent   \$5.00 Additional Personal Address of Current Registered Agent   \$5.00 Additional Personal Address of Current Registered Agent   \$5.00 Additional Personal Address of New Registered Agent   \$5.00 Additional Personal Address   \$5.00 Additio			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
Zip Country S. Certificate of Status Desired	City & State Opples FL.		City & State			4. FEI Nun	nber <b>59-3723951</b>				
CLEARY, JOSEPH 10217 GULFSHORE DR.  MANAGING MEMBERS / MANAGORS MEMBERS / MANAGORS OF Payable to Florida Department of State Due By May 1, 2003  9. MANAGONG MEMBERS / MANAGORS MEMBERS / MANAGORS OR STATE / MORE /			Zip Coun		try	5. Certifica	ate of Status Desired		5.00 Add	ditional	
CLEARY, JOSEPH 10217 CULFSHORE DR. NAPLES FL 34108  City FL  City City City FL  City City City City City City City Cit		6. Name and Address of Current	Registered Agent - +	egistered Agent -		7. Name a	<u> </u>				
Street Address (P.O. Box Number is Not Acceptable)	015							<b>3</b>	<del>,</del>		
APPLES FL 34108  City FL Zip Code  6. 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. It am familiar with, and accept the obligators of registered agent.  SIGNATURE  THE NOW!!! FE IS \$50.00  Make Check Payable to Florida Department of State Due By May 1, 2003  Make Check Payable to Florida Department of State Due By May 1, 2003  MGRM CLEARY, JOSEPH Delete THE STREET ADDRESS ON'S 2-72  ON'S 2-72  THE NAME SIGNATURES ON'S 3-72  THE NAME SIRET ADDRESS ON'S 3-72  THE Delete THE ORDESS ON'S 3-72  THE NAME SIRET ADDRESS ON'S 3-72  THE NAME SIRET ADD							<del> </del>				
City FL Zip Code  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, spead or protect name of ingutated agent and title if applicable.   PACE Registered Agent spruture required when vehiclatorial)   DATE		** *	Street Address		s (P.O. Box Num	(P.O. Box Number is Not Acceptable)					
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