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2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER

Apr 02, 2002 8:00 am Secretary of State DOCUMENT # L01000013777 1. Entity Name 04-02-2002 90943 010 ****50.00 HORSE & CHAISE INN. LLC Principal Place of Business Mailing Address 936141 309 PONCE DE LEON 309 PONCE DE LEON VENICE FL 34285 VENICE FL 34285 2. Principal Place of Business 3. Mailing Address 317 Ponce De Ison DELEON Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-373853/ UENICE. UZNICIB Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired ARASOTA SARASOFA 34285 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEKETEE, JON'R Street Address (P.O. Box Number is Not Acceptable) 309 PONCE DE LEON VENICE FL 34285 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. 3-18-02 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. (9/01) MGR TITLE ☐ Delete TITLE Change ☐ Addition NAME STEKETEE, JON R NAME CR2E083 STREET ADDRESS 309 PONCE DE LEON STREET ADDRESS CITY-ST-ZIP VENICE FL 34285 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE ☐ Change Addition STEKETEE, LOIS B NAME NAME 309 PONCE DE LEON STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE FL 34285 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME CAWTHORNE, KRISTIN K NAME 309 PONCE DE LEON STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE FL 34285 CITY-ST-ZIP MGR ☐ Delete Addition STEKETEE, JON R JR. NAME NAME STREET ADDRESS 309 PONCE DE LEON STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34285 ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 indigated 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.

ANAGER, OR AUTHORIZED REPRESENTATIVE