

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013777

FILED
Apr 11, 2009
Secretary of State

Entity Name: HORSE & CHAISE INN, LLC

Current Principal Place of Business:

317 PONCE DE LEON
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

317 PONCE DE LEON
VENICE, FL 34285

New Mailing Address:

FEI Number: 59-3738531

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEKETEE, JON R
309 PONCE DE LEON
VENICE, FL 34285 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STEKETEE, LOIS M
Address: 309 PONCE DE LEON
City-St-Zip: VENICE, FL 34285

Title: MGR () Delete
Name: STEKETEE, JON R JR
Address: 309 PONCE DE LEON
City-St-Zip: VENICE, FL 34285

Title: MGR () Delete
Name: CAWTHORNE, KRISTIN K
Address: 309 PONCE DE LEON
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KRISTIN K CAWTHORNE

MGR

04/11/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date