

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016256

FILED
May 03, 2004
Secretary of State

Entity Name: MISSION BAY EQUESTRIAN CENTER, LLC

Current Principal Place of Business:

4550 EMERSON DRIVE, S.W.
PALM BAY, FL 32908

New Principal Place of Business:

Current Mailing Address:

4550 EMERSON DRIVE, S.W.
PALM BAY, FL 32908

New Mailing Address:

P.O. BOX 201
YANKEETOWN, FL 34498

FEI Number: 59-3754051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHAN, LAWRENCE L
5107 RIVERSIDE DRIVE
YANKEETOWN, FL 34498 US

Name and Address of New Registered Agent:

COHAN, LAWRENCE L
5107 RIVERSIDE DRIVE P.O. BOX 201
YANKEETOWN, FL 34498 US

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:

05/03/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: COHAN, LAWRENCE L
Address: 5107 RIVERSIDE DRIVE
City-St-Zip: YANKEETOWN, FL 34498 US

Title: MGRM () Delete
Name: COHAN, LINDA J
Address: 5107 RIVERSIDE DRIVE
City-St-Zip: YANKEETOWN, FL 34498 US

ADDITIONS/CHANGES:

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 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 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: LAWRENCE L. COHAN

MGRM

05/03/2004

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