

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016256

FILED  
Apr 29, 2007  
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:**

P.O. BOX 201  
YANKEETOWN, FL 34498

**New Mailing Address:**

**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  
P.O. BOX 201  
5107 RIVERSIDE DRIVE  
YANKEETOWN, FL 34498 US

**Name and Address of New Registered Agent:**

COHAN, LAWRENCE L  
5107 RIVERSIDE DRIVE  
YANKEETOWN, FL 34498-201 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:**

04/29/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: COHAN, LAWRENCE L  
Address: P.O. BOX 201- 5107 RIVERSIDE DRIVE  
City-St-Zip: YANKEETOWN, FL 34498 US

Title: MGRM ( ) Delete  
Name: COHAN, LINDA J  
Address: P.O. BOX 201 - 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 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:** LAWRENCE L COHAN

MGRM

04/29/2007

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