

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000016256

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** MISSION BAY EQUESTRIAN CENTER, LLC

**Current Principal Place of Business:**

704 OSMOSIS 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  
5107 RIVERSIDE DRIVE  
YANKEETOWN, FL 34498 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:** MGRM  
**Name:** COHAN, LAWRENCE L  
**Address:** P.O. BOX 201- 5107 RIVERSIDE DRIVE  
**City-St-Zip:** YANKEETOWN, FL 34498 US

**Title:** MGRM  
**Name:** COHAN, LINDA J  
**Address:** P.O. BOX 201 - 5107 RIVERSIDE DRIVE  
**City-St-Zip:** YANKEETOWN, FL 34498 US

I hereby 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

04/24/2012

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