

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000017626

1. Entity Name
OCALA EQUESTRIAN COMPLEX, LLC

FILED
02 NOV 25 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
978883

Principal Place of Business
**3960 W. SILVER SPRINGS BLVD.
OCALA FL 34482**

Mailing Address
**3960 W. SILVER SPRINGS BLVD.
OCALA FL 34482**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3750823*

Applied For

Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ACHTENHAGEN, CATHERINE C
3960 W. SILVER SPRINGS BLVD.
OCALA FL 34482**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME Gary G. Achtenhagen Delete
STREET ADDRESS 3960 W. Silver Springs Blvd.
CITY-ST-ZIP Ocala, FL 34482

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME Catherine C. Achtenhagen Delete
STREET ADDRESS 3960 W. Silver Springs Blvd.
CITY-ST-ZIP Ocala, FL 34482

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Change Addition
STREET ADDRESS
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 indicated 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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/10/02 352-873-2233
Date Daytime Phone #

CR2E083 (4/02)