

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000017626

1. Entity Name
OCALA EQUESTRIAN COMPLEX, LLC



FILED

2005 JUN -3 A 11: 26

SECRETARY OF STATE



01282005 No Chg-LLC

CR2E083 (10/03)

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

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

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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	ACHTENHAGEN, GARY G
STREET ADDRESS	3960 W. SILVER SPRINGS BLVD.
CITY-ST-ZIP	OCALA, FL 34482
TITLE	P
NAME	ACHTENHAGEN, CATHERINE C
STREET ADDRESS	3960 W. SILVER SPRINGS BLVD.
CITY-ST-ZIP	OCALA, FL 34482
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

352-732-0597

2-22-05