

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017626

**FILED**  
**Apr 13, 2006**  
**Secretary of State**

**Entity Name:** OCALA EQUESTRIAN COMPLEX, LLC

**Current Principal Place of Business:**

1601 SW 60TH AVE  
OCALA, FL 34472

**New Principal Place of Business:**

**Current Mailing Address:**

3960 W SILVER SPRINGS BLVD  
OCALA, FL 34482

**New Mailing Address:**

FEI Number: 59-3750823

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ACHTENHAGEN, CATHERINE C  
3960 W. SILVER SPRINGS BLVD.  
OCALA, FL 34482 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: P ( ) Delete  
Name: ACHTENHAGEN, GARY G  
Address: 3960 W. SILVER SPRINGS BLVD.  
City-St-Zip: OCALA, FL 34482

Title: P ( ) Delete  
Name: ACHTENHAGEN, CATHERINE C  
Address: 3960 W. SILVER SPRINGS BLVD.  
City-St-Zip: OCALA, FL 34482

**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 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: CATHERINE C. ACHTENHAGEN

P

04/13/2006

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