

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017626

FILED
Apr 30, 2009
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 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 ACHTENHAGEN

P

04/30/2009

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