


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

**FILED
Jun 02, 2003 8:00 am
Secretary of State**

05-02-2003 90580 003 ****50.00

DOCUMENT # L01000017626
1. Entity Name
OCALA EQUESTRIAN COMPLEX, LLC



DO NOT WRITE IN THIS SPACE

44003046

2. Principal Place of Business
1601 S.W. 60th Ave
Suite, Apt. #, etc.

3. Mailing Address
3960 W. Silver Spgs Blvd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ocala FL

City & State
Ocala FL

Zip
34472

Country

Zip
34482

Country

4. FEI Number
59-375-0823

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Catherine Achtenhagen

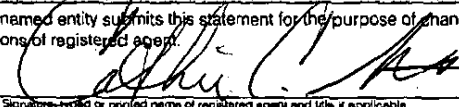
Street Address (P.O. Box Number is not acceptable)
3960 W. Silver Spgs Blvd

City
Ocala

FL

Zip Code
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 

DATE
5/24/03

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

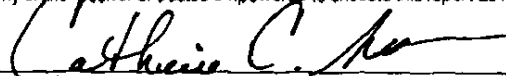
9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	owner / mng Catherine C. Achtenhagen 3960 W. Silver Spgs Blvd Ocala FL 34482
TITLE NAME STREET ADDRESS CITY - ST - ZIP	owner / mng Gary Achtenhagen 3960 W. Silver Spgs Blvd Ocala FL 34482
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 

DATE
4/28/03

352/732-0577

Signature and typed or printed name of signing managing member, manager, or authorized representative

Date

Ocala Phone #