

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 05, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L01000020650</b>	
1. Entity Name <b>THE EQUESTRIAN CENTER AT HORSE CREEK, LLC</b>	
Principal Place of Business <b>3001 TAMiami TRAIL NORTH, SUITE 207 NAPLES, FL 34103</b>	Mailing Address <b>3001 TAMiami TRAIL NORTH, SUITE 207 NAPLES, FL 34103</b>



01122006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3758650</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>PERKOVICH, JOSEPH 3001 TAMiami TRAIL NORTH, SUITE 207 NAPLES, FL 34103</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2006**

U000000562233  
05/19/06-80050-001 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLLIER, MILES C 3001 TAMiami TRAIL NORTH SUITE 207 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLLIER, PARKER J 3001 TAMiami TRAIL NORTH SUITE 207 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERKOVICH, JOSEPH I 3001 TAMiami TRAIL NORTH SUITE 207 NAPLES, FL 34103
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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Joseph I Perovich Mgr* 4/24/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #