

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A.
Secretary of State

DOCUMENT # L01000020650

1. Entity Name
THE EQUESTRIAN CENTER AT HORSE CREEK, LLC



Principal Place of Business

**3001 TAMIAMI TRAIL NORTH, SUITE 207
NAPLES, FL 34103**

Mailing Address

**3001 TAMIAMI TRAIL NORTH, SUITE 207
NAPLES, FL 34103**



03212007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

**PERKOVICH, JOSEPH
3001 TAMIAMI TRAIL NORTH, SUITE 207
NAPLES, FL 34103**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	COLLIER, MILES C
STREET ADDRESS	3001 TAMIAMI TRAIL NORTH SUITE 207
CITY-ST-ZIP	NAPLES, FL 34103

TITLE	MGRM
NAME	COLLIER, PARKER J
STREET ADDRESS	3001 TAMIAMI TRAIL NORTH SUITE 207
CITY-ST-ZIP	NAPLES, FL 34103

TITLE	MGR
NAME	PERKOVICH, JOSEPH I
STREET ADDRESS	3001 TAMIAMI TRAIL NORTH SUITE 207
CITY-ST-ZIP	NAPLES, FL 34103

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NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/15/07-80099-018 50.00

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: _____

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

Date

Daytime Phone #

4/11/07

239-435-1122