


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 22 AM 10:03

DOCUMENT # L01000021988 1. Entity Name KINGSFIELD FARM EQUESTRIAN CENTER, LLC					
Principal Place of Business 211 48TH STREET COURT NORTHEAST BRADENTON, FL 34208			Mailing Address 211 48TH STREET COURT NORTHEAST BRADENTON, FL 34208		
2. Principal Place of Business 205 115TH ST. NE Suite, Apt. #, etc.		3. Mailing Address 205 115TH ST. NE Suite, Apt. #, etc.			
City & State BRADENTON, FL		City & State BRADENTON, FL		4. FEI Number 60-0000757	
Zip 34212		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BARNES, GARRET T ESQ. BARNES WALKER, CHARTERED 3119 MANATEE AVE. WEST BRADENTON, FL 34205				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by October 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIRE, JAMES L 211 48TH STREET COURT NORTHEAST BRADENTON, FL 34208	<input checked="" type="checkbox"/> Delete		REINSTATEMENT 2005	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KING, PATRICIA 211 48TH STREET COURT NORTHEAST BRADENTON, FL 34208	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHRISTOPHER LEVERANCE 205 115TH STREET NE BRADENTON, FL 34212	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200059870432 09/22/05--01037--012 **50.00	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200059870432 09/22/05--01037--013 **5.00	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200059870432 09/22/05--01037--013 **5.00	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>X [Signature]</u> 9/19/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					