2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED DOCUMENT # L02000022006 Feb 01, 2006 08:00 AM 1. Entity Name **Secretary of State** HORSESHOE INVESTMENT PROPERTIES, L.L.C. Principal Place of Business Mailing Address 1689 EDITH ESPLANADE 1689 EDITH ESPLANADE CAPE CORAL FL 33904 CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State Applied For City & State 4. FEI Number 01-0742514 Not Applicat Country Zio Country Zio \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARNETTE, ANDREW A Street Address (P.O. Box Number is Not Acceptable) 4427 DEL PRADO PARKWAY CAPE CORAL FL 33904 City 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. (NOTE: Registered Agen) signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 U00000413706 02/11/06-80007-005 50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. 🗌 Delele TITLE TITLE ☐ Change Acidem NAME NAME GUTTORMSON, FREDERICK E STREET ADDRESS STREET ADDRESS 1689 EDITH ESPLANADE CITY - ST - ZIP CITY-ST-7(P CAPE CORAL FL 33904 mu ☐ Delete DILE Change ☐ Addition NAME DWIGHT, CHIC JANE B STREET ADDRESS STREET ADDRESS 1689 EDITH ESPLANADE CITY ST-ZIP CITY - ST- ZIP CAPE CORAL FL 33904 ☐ Defele _ _ _ Change ☐ Additi NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addit-TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete THE Additio TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE ☐ Delete ☐ Change Additional Control NAME STPEET ADDRESS STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 pagiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Merious

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF

1-30-06 612-850-3316