## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L02000022006

1. Entity Name

HORSESHOE INVESTMENT PROPERTIES, L.L.C.



FILED Aug 04, 2008 08:00 AM Secretary of State

Principal Place of Business

1689 EDITH ESPLANADE CAPE CORAL, FL 33904 Mailing Address

1689 EDITH ESPLANADE CAPE CORAL, FL 33904



07292008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 01-0742514 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

GUTTORMSON, FRED 1689 EDITH ESPLANDA CAPE CORAL, FL 33904

CITY-ST-ZIP

SIGNATURE:

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8. The above named entity submits this statement for the purpose of changing its 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 take if applicable (NOTE: Registered Agent agriculture required when rematating)  DATE  FILE NOWILL FEE IS \$538.75  Due by September 12, 2008  9. MANAGING MEMBERS/MANAGERS  ITILE MGRM GUTTORMSON, FREDERICK E SIREEI ADDRESS CITY-ST-2P CAPE CORAL, FL 33904  DWIGHT, CHIC JANE B SIREEI ADDRESS CITY-ST-2P CAPE CORAL, FL 33904  ITILE MAKE DWIGHT, CHIC JANE B SIREEI ADDRESS CITY-ST-2P CAPE CORAL, FL 33904  DO NOT WRITE  ITILE MAKE SIREEI ADDRESS CITY-ST-2P CAPE CORAL, FL 33904  ITILE MAKE SIREEI ADDRESS CITY-ST-2P CAPE CORAL, FL 33904  DO NOT WRITE  ITILE MAKE SIREEI ADDRESS CITY-ST-2P CAPE CORAL, FL 33904
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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.

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE