2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT FILED Jan 27, 2006 08:00 AN DOCUMENT # L03000033250 1. Entity Name Secretary of State DAYTONA BEACH EQUESTRIAN CENTER, LLC Principal Place of Business Mailing Address 2552 TOMOKA FARMS RD. 2552 TOMOKA FARMS RD. DAYTONA BEACH, FL 32128 DAYTONA BEACH, FL 32128 01192006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 05-0583757 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LAPHAM, DIANE F M.D. DO NOT WRITE 2552 TOMOKA FARMS RD. DAYTONA BEACH, FL 32128 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, 1 am familiar with, and accept the obligations of registered agent. 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, 2006 1/000000403911 02/06/06-80025-017 50.00 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE LAPHAM, DIANE F M.D. NAME. 2552 TOMOKA FARMS RD. STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32128 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

NAME STREET ADDRESS CITY-ST-ZIP

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