## 2008 LIMITED LIABILITY COMPANY ANNÚAL REPORT

## **FILED** Feb 07, 2008 08:00 AN **DOCUMENT # L03000033250 Secretary of State** 1. Entity Name 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 01162008 No Chg-LLC CR2E083 (12/07) 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. I am familiar with, and accept the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS MGRM TITLE LAPHAM, DIANE F.M.D. NAME STREET ADDRESS 2552 TOMOKA FARMS RD. CITY-ST-ZIP DAYTONA BEACH, FL 32128 U00000819819 TITLE 02/18/08-80003-015 138.75 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

1-23-08

386-763-2589

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

Daytime Phone it