

**2005 LIMITED LIABILITY COMPANY****ANNUAL REPORT****FILED**  
**Jun 19, 2005**  
**Secretary of State**

DOCUMENT# L03000053966

Entity Name: ROLLING GAIT EQUINE, LLC

**Current Principal Place of Business:**4724 E BAY DR  
PANAMA CITY, FL 32404**New Principal Place of Business:**18330 LITHIA TOWNE RD  
LITHIA, FL 33547**Current Mailing Address:**18330 LITHIA TOWNE RD  
LITHIA, FL 33547**New Mailing Address:**

FEI Number: 59-3713963

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**BOOCK, JOEL  
4724 E BAY DR  
PANAMA CITY, FL 32404 US**Name and Address of New Registered Agent:**HUNT, HOWELL  
18330 LITHIA TOWNE RD  
LITHIA, FL 33547 US

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.

SIGNATURE: HOWELL E. HUNT

06/19/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**Title: MGRM ( ) Delete  
Name: BOOCK, JOEL  
Address: 4724 E BAY DR  
City-St-Zip: PANAMA CITY, FL 32404Title: MGR (X) Delete  
Name: BOOCK, SUSAN  
Address: 4724 E BAY DR  
City-St-Zip: PANAMA CITY, FL 32404**ADDITIONS/CHANGES:**Title: MGRM (X) Change ( ) Addition  
Name: HUNT, HOWELL  
Address: 18330 LITHIA TOWNE RD  
City-St-Zip: LITHIA, FL 33547Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: HOWELL E. HUNT

MGRM

06/19/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date