


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90047 048 \*\*\*\*\*50.00

<b>DOCUMENT # L04000008424</b>	
1. Entity Name <b>KNIGHTRIDER HORSE PRODUCTS L.L.C.</b>	

Principal Place of Business <b>17250 SW 300 ST HOMESTEAD, FL 33030</b>	Mailing Address <b>17250 SW 300 ST HOMESTEAD, FL 33030</b>
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20028568

2. Principal Place of Business <b>9249 SIE 2ND STREET Rd</b>	3. Mailing Address <b>9249 SIE 2ND STREET Rd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01072005 Chg-LLC CR2E083 (10/03)

City & State <b>TRENTON, FLORIDA</b>	City & State <b>TRENTON, FL</b>
Zip <b>32693</b>	Country
City & State <b>TRENTON, FL</b>	City & State <b>TRENTON, FL</b>
Zip <b>32693</b>	Country

4. FEI Number <b>200745334</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

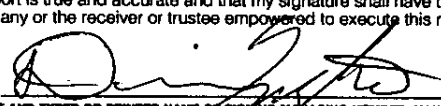
6. Name and Address of Current Registered Agent <b>KNIGHT, DAVID R 17250 SW 300 ST HOMESTEAD, FL 33030</b>	
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7. Name and Address of New Registered Agent Name <b>KNIGHT, DAVID R.</b> Street Address (P.O. Box Number is Not Acceptable) <b>9249 SE 2ND STREET Rd.</b> City <b>TRENTON</b> FL Zip Code <b>32693</b>	
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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 	DATE <b>04/07/05</b>
(NOTE: Registered Agent signature required when reinstating)	

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KNIGHT, DAVID R 17250 SW 300 ST HOMESTEAD, FL 33030</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KNIGHT, DAVID R 9249 SE 2ND STREET Rd TRENTON FL 32693</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: 	DATE <b>04/07/05</b> 786-295-1073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	