

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021678

FILED
Feb 12, 2007
Secretary of State

Entity Name: CONTINENTAL ACRES EQUINE RESORT, LLC

Current Principal Place of Business:

P.O. BOX 68
WEIRSDALE, FL 321950068

New Principal Place of Business:

3000 MARION COUNTY ROAD
WEIRSDALE, FL 32195

Current Mailing Address:

P.O. BOX 68
WEIRSDALE, FL 321950068

New Mailing Address:

3000 MARION COUNTY ROAD
WEIRSDALE, FL 32195

FEI Number: 59-3351644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AUSTIN, GLORIA
3024 MARION COUNTY ROAD
WEIRSDALE, FL 321950068 US

Name and Address of New Registered Agent:

AUSTIN, GLORIA
3024 MARION COUNTY ROAD
WEIRSDALE, FL 32195 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:

02/12/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AUSTIN, GLORIA
Address: P.O. BOX 68
City-St-Zip: WEIRSDALE, FL 321950068

Title: CFO () Delete
Name: BOGNER, CHARON M
Address: P.O. BOX 68
City-St-Zip: WEIRSDALE, FL 321950068

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: AUSTIN, GLORIA
Address: 3000 MARION COUNTY ROAD
City-St-Zip: WEIRSDALE, FL 32195

Title: CFO (X) Change () Addition
Name: BOGNER, CHARON M
Address: 3000 MARION COUNTY ROAD
City-St-Zip: WEIRSDALE, FL 32195

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CHARON M. BOGNER

CFO

02/12/2007

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