

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021865

FILED  
Jul 03, 2006  
Secretary of State

Entity Name: EQUINE PROPERTIES, LLC

**Current Principal Place of Business:**

906 MCCURDY BOULEVARD  
MANCHESTER, GA 31816 US

**New Principal Place of Business:**

**Current Mailing Address:**

15695 W HIGHWAY 318  
WILLISTON, FL 32696 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

MCCURDY, CLIFF MGRM  
15695 W HIGHWAY 318  
WILLISTON, FL 32696 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: CLIFF MCCURDY

07/03/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MCCURDY, CLIFF F  
Address: 15695 W. HIGHWAY 318  
City-St-Zip: WILLISTON, FL 32696 US

Title: MGRM ( ) Delete  
Name: WATSON, MICHELLE A  
Address: 15695 W. HIGHWAY 318  
City-St-Zip: WILLISTON, FL 32696 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) 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 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: CLIFF MCCURDY

MGRM

07/03/2006

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