2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2005
Secretary of State

DOCUMENT# L04000031235

Entity Name: TWIN CREEKS EQUESTRIAN SALES, LLC

Current Principal Place of Business:

11700 TWIN CREEKS DRIVE
FORT PIERCE, FL 34945

New Principal Place of Business:

Current Mailing Address:

11700 TWIN CREEKS DRIVE
FORT PIERCE, FL 34945

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUKAT, THOMAS H
11700 TWIN CREEKS DRIVE
FORT PIERCE, FL 34945 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: LUKAT, THOMAS H
Address: 11700 TWIN CREEKS DRIVE
City-St-Zip: FORT PIERCE, FL 34945

Title: MGR ( ) Delete
Name: LUKAT, LENA
Address: 11700 TWIN CREEKS DRIVE
City-St-Zip: FORT PIERCE, FL 34945

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 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: THOMAS H LUKAT MGR 02/23/2005

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