

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037421

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: HORSESHOE GABLES, LLC

**Current Principal Place of Business:**

274 VISTAVIEW DRIVE  
DAVENPORT, FL 33897

**New Principal Place of Business:**

**Current Mailing Address:**

% HARP TAX & FINANCIAL GROUP, LLC  
3222 CORRINE DR., SUITE I  
ORLANDO, FL 32803

**New Mailing Address:**

FEI Number: 90-0181547

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HARP, HARRY E CPA  
3222 CORRINE DR., SUITE I  
ORLANDO, FL 32803 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FORTUNE, CARMEL J  
Address: KNOCKBRACK, MONASEED  
City-St-Zip: GOREY CO., WEXFORD, IRELAND,

Title: MGRM ( ) Delete  
Name: FORTUNE, JAMES G  
Address: KNOCKBRACK, MONASEED  
City-St-Zip: GOREY CO., WEXFORD, IRELAND,

**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 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: CARMEL J FORTUNE

MGRM

04/30/2009

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