

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000037421

**FILED**  
**Mar 17, 2011**  
**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  
**Name:** FORTUNE, CARMEL J  
**Address:** KNOCKBRACK, MONASEED  
**City-St-Zip:** GOREY CO., WEXFORD, IRELAND,

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

I hereby 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

03/17/2011

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