

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051807

Entity Name: MY WHITE HORSES, LLC

FILED  
Jan 05, 2005  
Secretary of State

**Current Principal Place of Business:**

15365 BRIAR RIDGE CIRCLE  
FORT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

15365 BRIAR RIDGE CIRCLE  
FORT MYERS, FL 33912

**New Mailing Address:**

FEI Number: 20-1422541

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FISCHER, BARI C  
15365 BRIAR RIDGE CIRCLE  
FORT MYERS, FL 33912 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: FISCHER, BARI C MRS  
Address: 15365 BRIAR RIDGE CIRCLE  
City-St-Zip: FT. MYERS, FL 33912 US

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: BARI C. FISCHER

D

01/05/2005

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