

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053740

FILED
Jun 19, 2007
Secretary of State

Entity Name: EQUESTRIAN ADVENTURES, LLC

Current Principal Place of Business:

14052 50TH STREET SOUTH
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

14052 50TH STREET SOUTH
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 55-0876384 FEI Number Applied For () FEI Number Not Applicable () 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:

Name and Address of New Registered Agent:

MANA, MOISHE
16720 SENTERRA DRIVE
DELRAY, FL 33484 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MANA, MOISHE
Address: 16720 SENTERRA DRIVE
City-St-Zip: DELRAY, FL 33484 US

Title: MGRM () Delete
Name: KRAT, GARY
Address: 5606 VINTAGE OAKS TERRACE
City-St-Zip: DELRAY BEACH, FL 33484 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 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: MOISHE MANA

MGRM

06/19/2007

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