

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000060862

1. Entity Name

HORSESHOE PARK HOLDINGS, LLC



Principal Place of Business

1037 FIFTH AVENUE NORTH  
NAPLES, FL 34102 US

Mailing Address

1037 FIFTH AVENUE NORTH  
NAPLES, FL 34102 US



01142008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-1526293

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GRABINSKI, MATTHEW L ESQ  
4001 TAMiami TRAIL NORTH  
SUITE 300  
NAPLES, FL 34103

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME GULLIFORD, JOHN T  
STREET ADDRESS 1037 FIFTH AVENUE NORTH  
CITY-ST-ZIP NAPLES, FL 34102

TITLE MGR  
NAME ATKINSON, GEORGE B  
STREET ADDRESS 1037 FIFTH AVENUE NORTH  
CITY-ST-ZIP NAPLES, FL 34102

TITLE MGR  
NAME HILTON, RONALD D  
STREET ADDRESS 1037 FIFTH AVENUE NORTH  
CITY-ST-ZIP NAPLES, FL 34102

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

000000984337  
04/17/08-80039-024-138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

John T. Gulliford

4/2/08

239-263-4224