

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068151

FILED
May 18, 2006
Secretary of State

Entity Name: BRASS RING EQUESTRIAN CENTER, LLC

Current Principal Place of Business:

29319 HADLOCK RD
ZEPHYRHILLS, FL 33544 US

New Principal Place of Business:

Current Mailing Address:

29319 HADLOCK RD
ZEPHYRHILLS, FL 33544 US

New Mailing Address:

FEI Number: 20-1658663 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:

O'KEEFFE, BERNADETTE
29319 HADLOCK RD
ZEPHYRHILLS, FL 33544 US

Name and Address of New Registered Agent:

MHYRE, BERNADETTE
29319 HADLOCK RD
ZEPHYRHILLS, FL 33544 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: BERNADETTE T MYHRE

05/18/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: O'KEEFFE, BERNADETTE MS.
Address: 29319 HADLOCK RD
City-St-Zip: ZEPHYRHILLS, FL 33544

Title: MGRM () Delete
Name: MYHRE, RANDY MR.
Address: 29319 HADLOCK RD
City-St-Zip: ZEPHYRHILLS, FL 33544

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MYHRE, BERNADETTE MRS.
Address: 29319 HADLOCK RD
City-St-Zip: ZEPHYRHILLS, FL 33544

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BERNADETTE T MYHRE

MGR

05/18/2006

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