

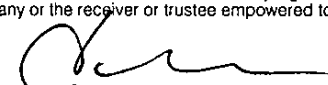


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90122 006 ****50.00

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|---|---|--|---|--|--|
| DOCUMENT # L04000070431 1. Entity Name ROCKING HORSE PARTNERS, L.L.C. | | | |  | |
| Principal Place of Business 24600 SO. TAMiami TRAIL, STE. 212, PMB 165 BONITA SPRINGS, FL 34134 | | | | Mailing Address 24600 SO. TAMiami TRAIL, STE. 212, PMB 165 BONITA SPRINGS, FL 34134 | |
| 2. Principal Place of Business 200 2nd Avenue South | | 3. Mailing Address 200 2nd Avenue South | |  | |
| Suite, Apt. #, etc. Unit 219 | | Suite, Apt. #, etc. Unit 219 | | | |
| City & State St. Petersburg, Florida | | City & State St. Petersburg, Florida | | | |
| Zip 33701-4313 | | Country USA | | 4. FEI Number 20-1679807 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | | 03172005 Chg-LLC CR2E083 (10/03) | |
| 6. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER J 24600 SO. TAMiami TRAIL, STE. 212, PMB 165 BONITA SPRINGS, FL 34134 | | | | 7. Name and Address of New Registered Agent Name Shields, Christopher J. Street Address (P.O. Box Number is Not Acceptable) 1833 Hendry Street City Fort Myers FL Zip Code 33901 | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CURTISS, KAREN A 24600 SO. TAMiami TRAIL, STE. 212, PMB 165 BONITA SPRINGS, FL 34134 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 200 2nd Avenue South Unit 219 St. Petersburg Florida 33701-4313 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 11. I hereby certify that the information supplied with this filing does not qualify 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 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:  | | | Christopher J. Shields | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date 4/29/05 Daytime Phone # 239-334-2195 | | |