



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90382 026 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  |                                 |                                                            |                                                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------|------------------------------------------------------------|------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L04000074178</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                                 |                                                            |         |  |
| 1. Entity Name<br>HORSE COUNTRY CLUB, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                  |                                 |                                                            |                                                                                          |  |
| Principal Place of Business<br>1221 NW 165TH STREET<br>MIAMI, FL 33169                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                  |                                 | Mailing Address<br>1221 NW 165TH STREET<br>MIAMI, FL 33169 |                                                                                          |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                                 | 3. Mailing Address                                         |                                                                                          |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  |                                 | Suite, Apt. #, etc.                                        |                                                                                          |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                  |                                 | City & State                                               |                                                                                          |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                                                          | Zip                             | Country                                                    | 4. FEI Number<br><b>20-1787043</b>                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  |                                 |                                                            | Applied For<br>Not Applicable                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  |                                 |                                                            | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br>MELAND, RUSSIN, HELLINGER & BUDWICK, P.A.<br>3000 WACHOVIA FINANCIAL CENTER<br>200 SOUTH BISCAYNE BLVD.<br>MIAMI, FL 33131                                                                                                                                                                                                                                                                                                                                 |                                                                  |                                 |                                                            | 7. Name and Address of New Registered Agent                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  |                                 |                                                            | Name                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  |                                 |                                                            | Street Address (P.O. Box Number is Not Acceptable)                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  |                                 |                                                            | City                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  |                                 |                                                            | FL Zip Code                                                                              |  |
| 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 reappointing)                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  |                                 |                                                            |                                                                                          |  |
| Filing Fee is \$50.00<br>Due by May 1, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                 |                                                            | Make check payable to<br>Florida Department of State                                     |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                  |                                 | 10. ADDITIONS/CHANGES                                      |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Manager<br>Luis A. Quintero<br>1221 NW 165th St, Miami, FL 33131 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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:                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  |                                 | 3/19/05 305-591-3265                                       |                                                                                          |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                  |                                 | Date Daytime Phone #                                       |                                                                                          |  |

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