

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086023

FILED  
Feb 08, 2006  
Secretary of State

**Entity Name:** KEYSTONE SPORT HORSE CENTER, LLC

**Current Principal Place of Business:**

11550 TARPON SPRINGS ROAD  
ODESSA, FL 33556 US

**New Principal Place of Business:**

**Current Mailing Address:**

11550 TARPON SPRINGS ROAD  
ODESSA, FL 33556 US

**New Mailing Address:**

**FEI Number:** 20-1932697

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ORSATTI, CHAD T ESQ.  
3204 ALTERNAE 19 NORTH  
PALM HARBOR, FL 34683 US

**Name and Address of New Registered Agent:**

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: AIDE, DAVID B  
Address: 11550 TARPON SPRINGS ROAD  
City-St-Zip: ODESSA, FL 33556 US

Title: MGRM ( ) Delete  
Name: AIDE, PAMELA S  
Address: 11550 TARPON SPRINGS ROADQ  
City-St-Zip: ODESSA, FL 33556 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 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: DAVID B. AIDE

MGRM

02/08/2006

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