


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90017 038 \*\*\*\*50.00


**DOCUMENT # L04000086675**

1. Entity Name  
ROCKING HORSE ESTATES LLC



Principal Place of Business 631 US HIGHWAY ONE SUITE 100 NORTH PALM BEACH, FL 33408 US	Mailing Address 631 US HIGHWAY ONE SUITE 100 NORTH PALM BEACH, FL 33408 US
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**DO NOT WRITE IN THIS SPACE**



03172006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 20-1960606	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

KNEEN, JEFFREY D ESQ.  
1601 FORUM PLACE  
SUITE 300  
WEST PALM BEACH, FL 33401

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

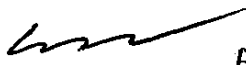
**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TARPELL, ALAN 631 US HIGHWAY ONE, SUITE 100 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMPSON, DAN 631 US HIGHWAY ONE, SUITE 100 NORTH PALM BEACH, FL 33408
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**  ALAN TARPELL      4/21/06      561 840-4747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #