

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000089942**

1. Entity Name  
**STEEL HORSE PROPERTY INVESTMENTS, LLC.**



Principal Place of Business  
**3462 INDIAN RIVER STREET  
SPRING HILL, FL 34609 US**

Mailing Address  
**P.O. BOX 5025  
SPRING HILL, FL 34611**



02212007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1999415**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**PERANIO, MICHAEL  
3462 INDIAN RIVER STREET  
SPRING HILL, FL 34609**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
PERANIO, MICHAEL  
3462 INDIAN RIVER STREET  
SPRING HILL, FL 34609**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
KANARIS, ANTHONY  
13393 SAGE WATER COURT  
SPRING HILL, FL 34609**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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NAME  
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CITY - ST - ZIP

U00000710106  
04/25/07-80029-023 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**3/27/07 352-585-1037**  
Date Daytime Phone #