


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90429 029 ****55.00

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| DOCUMENT # L04000093962 |  |
| 1. Entity Name BRIGHTSIDE STABLES, LLC | |

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| Principal Place of Business 260 NORTH WASHINGTON DRIVE SARASOTA FL 34236 | Mailing Address 260 NORTH WASHINGTON DRIVE SARASOTA FL 34236 |
|--|--|



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|---|-----------------------|---------------------|---------|
| 2. Principal Place of Business 1981 Border Road | | 3. Mailing Address | |
| Suite, Apt. #, etc. Venice FL | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip 34292 | Country USA | Zip | Country |

1st MOORE CR2E083 (10/05)

| | | |
|---|--|---|
| 4. FEI Number 20-3346255 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent TARONE, THEODORE T JR ESQ. STAMBAUGH & TARONE, P.A. 180 ROYAL PALM WAY, SUITE 201 PALM BEACH FL 33480 | | 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 reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM CARLSON, JULIE 260 NORTH WASHINGTON DRIVE SARASOTA FL 34236 <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 | MGRM CARLSON, ROBERT G 260 NORTH WASHINGTON DRIVE SARASOTA FL 34236 <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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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Julie Carlson 2-13-06 (741) 388-5085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #