2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002123

City-St-Zip: SAINT PETERSBURG, FL 33714

Entity Name: APPLIED HORSE SENSE, LLC

FILED Sep 04, 2007 Secretary of State

Current P	rincipal Place of Business:	New Principal F	New Principal Place of Business:	
3913 52NI SAINT PE	DAVE. N TERSBURG, FL 33714			
Current N	lailing Address:	New Mailing Ad	New Mailing Address:	
3913 52NI SAINT PE	DAVE. N TERSBURG, FL 33714			
	: FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the limited liability I Address of Current Registered Agent:			
300 FIFTH SUITE 101 NAPLES, I The above in the State	FL 34102 US named entity submits this statement for the of Florida.	ne purpose of changing its regi	istered office or registered agent, or both	
SIGNATUI		A gont	Data	
	Electronic Signature of Registered	Agent	Date	
MANAGING	MEMBERS/MANAGERS:	ADDITIONS/CHANG	ES:	
Title: Name: Address: City-St-Zip:	MGR () Delete MCCLUSKEY, AMANDA S 3913 52ND AVE. N SAINT PETERSBURG, FL 33714	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete FINAN, PETER D 3913 52ND AVE. N SAINT PETERSBURG, FL 33714	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	MGR (X) Delete MCCLUSKEY, DUSTI L 3913 52ND AVE. N	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: AMANDA MCCLUSKEY 09/04/2007