


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90043 028 \*\*\*\*50.00

**DOCUMENT # L05000009566**

1. Entity Name  
**FAR NIEN TE EQUINE, LLC**



Principal Place of Business  
**2600 FAIRWAY ISLAND DRIVE**  
**WELLINGTON, FL 33414 US**

Mailing Address  
**2600 FAIRWAY ISLAND DRIVE**  
**WELLINGTON, FL 33414 US**

2. Principal Place of Business  
**2930 HURLINGHAM DRIVE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**2930 HURLINGHAM DRIVE**  
 Suite, Apt. #, etc.

City & State  
**WELLINGTON, FL**

City & State  
**WELLINGTON, FL**

Zip  
**33414**

Country



01192006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**25-1909587**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BELLISSIMO, KATHERINE K**  
**2600 FAIRWAY ISLAND DRIVE**  
**WELLINGTON, FL 33414**

7. Name and Address of New Registered Agent

Name  
**BELLISSIMO, KATHERINE K**

Street Address (P.O. Box Number is Not Acceptable)  
**2930 HURLINGHAM DRIVE**

City  
**WELLINGTON**

State  
**FL**

Zip Code  
**33414**

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**

**Make check payable to Florida Department of State**

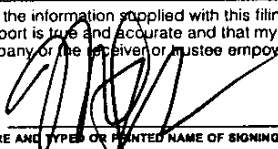
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BELLISSIMO, KATHERINE K 2600 FAIRWAY ISLAND DRIVE WELLINGTON, FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BELLISSIMO, KATHERINE K 2930 HURLINGHAM DRIVE WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **4/10/06 781-223-5409**

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