

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009566

Entity Name: FAR NIENTE EQUINE, LLC

FILED
May 16, 2007
Secretary of State

Current Principal Place of Business:

2930 HURLINGHAM DR
WELLINGTON, FL 33414 US

New Principal Place of Business:

12995 VIA CHRISTINA ROAD
WELLINGTON, FL 33414 US

Current Mailing Address:

2930 HURLINGHAM DR
WELLINGTON, FL 33414 US

New Mailing Address:

12995 VIA CHRISTINA ROAD
WELLINGTON, FL 33414 US

FEI Number: 25-1909587 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BELLISSIMO, KATHERINE K
2930 HURLINGHAM DR
WEST PALM BEACH, FL 33414 US

Name and Address of New Registered Agent:

BELLISSIMO, KATHERINE K
12995 VIA CHRISTINA ROAD
WELLINGTON, FL 33414 US

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.

SIGNATURE:

05/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BELLISSIMO, KATHERINE K
Address: 2930 HURLINGHAM DR
City-St-Zip: WEST PALM BEACH, FL 33414 FL

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BELLISSIMO, KATHERINE K
Address: 12995 VIA CHRISTINA ROAD
City-St-Zip: WELLINGTON, FL 33414 FL

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.

SIGNATURE: KATHERINE K. BELLISSIMO

MGRM

05/16/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date