


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000049376 1. Entity Name EQUESTRIAN ENTERPRISES, L.L.C.						FILED 07 FEB 15 PM 1:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 13125 SOUTHFIELDS ROAD WELLINGTON, FL 33413				Mailing Address 13125 SOUTHFIELDS ROAD WELLINGTON, FL 33413			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 02-0743603				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent <div style="font-size: 2em; margin-top: 20px;"> current RA → </div>				7. Name and Address of New Registered Agent Name CARNEY LEGAL GROUP, P.A. Street Address (P.O. Box Number is Not Acceptable) 901 GEORGE BUSH BLVD City DELRAY BEACH FL Zip Code 33483			
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, 2007				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SWERDLIN, SCOTT J 13125 SOUTHFIELDS ROAD WELLINGTON, FL 33413 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	*MANAGING MEMBER George W. Banks 13808 Fairlane Court West Palm Beach, FL 33414 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRUSIE, ROBERT W 104 SQUIRE DRIVE WELLINGTON, FL 33414 <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		
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		
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		
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		
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 606, Florida Statutes.							
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>							
<small>Date</small> _____ <small>Daytime Phone #</small> _____							