2008 LIMITED LIABILITY COMPANY

Apr 17, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L05000074641** 1. Entity Name 04-17-2008 90173 034 ***138.75 THE EQUINE INN L.L.C. Principal Place of Business Mailing Address ひせいないのない P.O. BOX 5429 13050 NW 97TH PLACE MORRISTON, FL OCALA, FL 34478 CR2E083 (12/07) 03252008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3302711 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **RETH, THERESA A** DO NOT WRITE 108 NORTH MAGNOLIA AVENUE, SUITE 103B OCALA, FL 34475 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. WORK: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS MGRM TITLE TEEGARDEN, TINA N NAME STREET ADDRESS 13050 NW 97TH PLACE CITY-ST-ZIP MORRISTON, FL TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED

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.

CICNATUDE.

NAME STREET ADDRESS CITY-ST-ZIP



ATTACHMENT

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Address for Registered Agent has changed to: Reth, Theresa A PO Box 490 Orange Lake, Fl 32481