

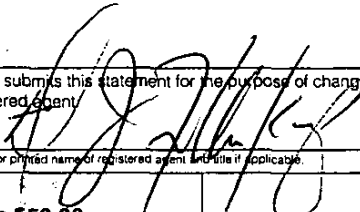
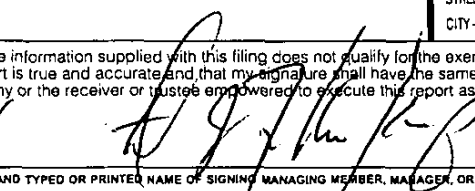


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90223 014 ****50.00

| | | | | | |
|--|---------------------------------|--|--|---|--|
| DOCUMENT # L05000078292 1. Entity Name PEACEFUL HORSE, LLC | | | |  | |
| Principal Place of Business 2911 N.E. PINE ISLAND ROAD CAPE CORAL, FL 33909-6513 | | | Mailing Address 2911 N.E. PINE ISLAND ROAD CAPE CORAL, FL 33909-6513 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
|  | | | | | |
| 02062006 Chg-LLC CR2E083 (11/05) | | | | | |
| 4. File Number SSA 267-86-5753 | | | | 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 | | | 7. Name and Address of New Registered Agent | | |
| WIDEIKIS, JOHN L ESQ. 18501 MURDOCK CIRCLE, SUITE 101 PORT CHARLOTTE, FL 33948-1067 | | | Name Dennis Fullenkamp Street Address (P.O. Box Number is Not Acceptable) 2911 NE Pine Island Road City Cape Coral FL Zip Code 33909 | | |
| 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  <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | DATE 2-24-06 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGRM Dennis Fullenkamp 2911 NE Pine Island Rd Cape Coral, FL 33909-6513 | | |
| 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 | | |
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| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | Date 2/24/06 Daytime Phone # 238-995-4884 | | |