2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 29, 2006
Secretary of State

DOCUMENT# L05000106143

Entity Name: EMPIRE EQUESTRIAN CENTER, L.L.C.

Current Principal Place of Business:

7450 PARK CITY DR.
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

1820 LAKE FOREST LANE
ORANGE PARK, FL 32003

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

HORN, TAMMY
1820 LAKE FOREST LANE
ORANGE PARK, FL 32003 US

Name and Address of New Registered Agent:

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: TAMMY HORN

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	HORN, TAMMY	
Address:	1820 LAKE FOREST LANE	
City-St-Zip:	ORANGE PARK, FL 32003	
Title:	MGRM	( ) Delete
Name:	HORN, RICHARD	
Address:	1820 LAKE FOREST LANE	
City-St-Zip:	ORANGE PARK, FL 32003	
Title:	MGRM	( ) Delete
Name:	SMOAK, LINDA	
Address:	7450 PARK CITY DR.	
City-St-Zip:	JACKSONVILLE, FL 32244	
Title:	MGRM	(X) Delete
Name:	DUNCAN, KRISTINA	
Address:	1820 LAKE FOREST LANE	
City-St-Zip:	ORANGE PARK, FL 32003	
Title:	MGRM	( ) Delete
Name:	STOWELL, COLLEY	
Address:	7450 PARK CITY DR.	
City-St-Zip:	JACKSONVILLE, FL 32244	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: TAMMY HORN MGRM 09/29/2006

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