

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000112947

FILED
Dec 23, 2009
Secretary of State**Entity Name:** WHITE FENCES EQUESTRIAN CENTER SHOWS, LLC**Current Principal Place of Business:**3978 HANOVER CIRCLE
LOXAHATCHEE, FL 33470**New Principal Place of Business:**3978 HANOVER CIR
LOXAHATCHEE, FL 33470**Current Mailing Address:**3978 HANOVER CIRCLE
LOXAHATCHEE, FL 33470**New Mailing Address:**3978 HANOVER CIR
LOXAHATCHEE, FL 33470**FEI Number:** 02-0761222**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LIN, INGRED
3978 HANOVER CIRCLE
LOXAHATCHEE, FL FL US**Name and Address of New Registered Agent:**POLLAK, ADAM
3978 HANOVER CIRCLE
LOXAHATCHEE, FL FL 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: ADAM POLLAK

12/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGR () Delete
Name: LIN, INGRED
Address: 3978 HANOVER CIRCLE
City-St-Zip: LOXAHATCHEE, FL 33470**ADDITIONS/CHANGES:****Title:** MGR (X) Change () Addition
Name: POLLAK, ADAM
Address: 3978 HANOVER CIRCLE
City-St-Zip: LOXAHATCHEE, FL 33470

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: ADAM POLLAK

MGR

12/23/2009

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