

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115560

FILED
Feb 06, 2006
Secretary of State

Entity Name: HORSESHOE VILLAGE PARTNERS, LLC

Current Principal Place of Business:

4901 EAST TAMIAMI TRAIL
NAPLES, FL 34112

New Principal Place of Business:

4901 E. TAMIAMI TRAIL
SUITE 200
NAPLES, FL 34113

Current Mailing Address:

4901 EAST TAMIAMI TRAIL
NAPLES, FL 34112

New Mailing Address:

4901 E. TAMIAMI TRAIL
SUITE 200
NAPLES, FL 34113

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BASS, RAYMOND L JR
2335 TAMIAMI TRAIL N.
STE. 409
NAPLES, FL 34103 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STEINMANN, BRADFORD W
Address: 4901 EAST TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34112 US

Title: MGRM () Delete
Name: STEINMANN, JOSEPH E
Address: 4901 EAST TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34112 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STEINMANN, BRADFORD W
Address: 4901 E. TAMIAMI TRAIL, SUITE 200
City-St-Zip: NAPLES, FL 34113 US

Title: MGRM (X) Change () Addition
Name: STEINMANN, JOSEPH E
Address: 4901 E. TAMIAMI TRAIL, SUITE 200
City-St-Zip: NAPLES, FL 34113 US

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: JOSEPH STEINMANN

MGRM

02/06/2006

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