

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000118358

Entity Name: CAVALLO ESTATES, LLC

FILED
Jul 21, 2008
Secretary of State

Current Principal Place of Business:

9901 MERLE DRIVE
NORTH FORT MYERS, FL 33917 US

New Principal Place of Business:

Current Mailing Address:

9901 MERLE DRIVE
NORTH FORT MYERS, FL 33917 US

New Mailing Address:

FEI Number: 20-3926739 FEI Number Applied For () 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:

DUNN, TROY
9901 MERLE DRIVE
NORTH FORT MYERS, FL 33917 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: MGR () Delete
Name: DUNN, TROY
Address: 9901 MERLE DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: MGR () Delete
Name: LEWIS, KEN
Address: 176 RIDGEWOOD DR.
City-St-Zip: PEWEE VALLEY, KY 40056 US

ADDITIONS/CHANGES:

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 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: TROY DUNN

MGR

07/21/2008

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