

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000018005

FILED
Apr 07, 2008
Secretary of State

Entity Name: SANTA FE EQUESTRIAN CENTER, LLC

Current Principal Place of Business:

17401 NE 114TH AVE
WALDO, FL 32694

New Principal Place of Business:

Current Mailing Address:

17401 NE 114TH AVE
WALDO, FL 32694

New Mailing Address:

FEI Number: 20-8995427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESPIN, DANYNE L
17401 NE 114TH AVE
WALDO, FL 32694 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: ESPIN, MARIO A
Address: 17401 NE 114TH AVE
City-St-Zip: WALDO, FL 32694

Title: MGR () Delete
Name: ESPIN, DANYNE L
Address: 17401 NE 114TH AVE
City-St-Zip: WALDO, FL 32694

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: BECKWITH, DAVID
Address: P.O. BOX 541387
City-St-Zip: GRAND PRAIRIE, TX 75054

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: DANYNE ESPIN

MGR

04/07/2008

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