

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000018005

**FILED**  
**Apr 27, 2009**  
**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

**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: DANYNE L ESPIN

MGR

04/27/2009

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