

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 01, 2007  
Secretary of State**

DOCUMENT# L06000083227

Entity Name: EQUESTRIAN COVE, LLC

**Current Principal Place of Business:**

1601 JACKSON STREET, SUITE 101  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

1601 JACKSON STREET, SUITE 101  
FORT MYERS, FL 33901

**New Mailing Address:**

FEI Number: 20-8606364      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DUNCAN, GORDON  
1601 JACKSON STREET, SUITE 101  
FORT MYERS, FL 33901      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:                                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                                      MGR                      ( ) Change (X) Addition  
Name:                                      LAUER, TODD  
Address:                                    19850 PALM BEACH BLVD.  
City-St-Zip:                              ALVA, FL 33920

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: TODD LAUER

MGR

04/01/2007

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