

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

DOCUMENT # L06000110046

1. Entity Name

EQUINE BEHAVIOR LLC



**FILED  
May 01, 2007 8:00 am  
Secretary of State**

05-01-2007 90313 044 \*\*\*\*50.00



1st MOORE CR2E083 (10/06)

Principal Place of Business		Mailing Address	
4401 ASHTON ROAD,STE E SARASOTA FL 34232		4401 ASHTON ROAD,STE E SARASOTA FL 34232	
2. Principal Place of Business - No P.O. Box # <b>4401 ASHTON ROAD</b>		3. Mailing Address <b>400 KINGS DR</b>	
Suite, Apt. #, etc. <b>STE E</b>		Suite, Apt. #, etc.	
City & State <b>SARASOTA</b>		City & State <b>LAKE LURE NC</b>	
Zip <b>34232</b> Country <b>US</b>		Zip <b>28746</b> Country <b>US</b>	
6. Name and Address of Current Registered Agent  <b>KING, LINDA C 4401 ASHTON ROAD,STE E SARASOTA FL 34232</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code <b>411407</b>	
8. 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. I am familiar with, and accept the obligation of registered agent  <b>Signature</b> <b>4/14/07</b> (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing) (DATE)			

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KING, LINDA C 4401 ASHTON ROAD,STE E SARASOTA FL 34232	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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** **4/14/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **4/14/07**

Daytime Phone #

ATTACHMENT

April 18, 2007

6004643  
#LO600011046

TO WHOM IT MAY CONCERN,

I am in North  
Carolina staying with  
my 85 year old dad. He  
fell and broke his hip.

PLEASE MAIL ANYTHING TO  
ME AT

400 Kings Dr  
Lake Wylie NC  
28746

Thank you  
Linda King