


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

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

DOCUMENT # L06000110046	
1. Entity Name EQUINE BEHAVIOR LLC	

Principal Place of Business 4401 ASHTON ROAD, STE E SARASOTA FL 34232	Mailing Address 4401 ASHTON ROAD, STE E SARASOTA FL 34232
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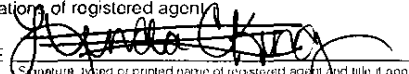
2. Principal Place of Business - No P.O. Box # 4401 ASHTON ROAD	3. Mailing Address 400 KINGS DR
Suite, Apt. #, etc. STE E	Suite, Apt. #, etc.
City & State SARASOTA	City & State LAKE LURE NC
Zip 34232 Country US	Zip 28746 Country US



1st MOORE CR2E083 (10/06)

4. FEI Number 20-8232835	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KING, LINDA C 4401 ASHTON ROAD, STE E SARASOTA FL 34232	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 obligations of registered agent.

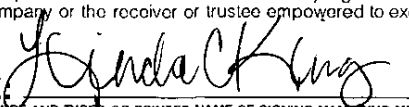
SIGNATURE  DATE 4/14/07

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing))

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 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
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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  DATE 4/14/07

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

ATTACHMENT

April 18 2007

~~60046431~~
~~#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 WIRE NC
28746

Thank you
Linda King