

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 20, 2008 8:00 am
Secretary of State

04-17-2008 90172 010 ***138.75

| | | | | | |
|--|---------------------------------|---------|---|--|--|
| DOCUMENT # L07000036762 1. Entity Name HYDE PARK EQUINE, LLC. | | | | | |
| Principal Place of Business 901 SOUTH NEWPORT AVENUE TAMPA, FL 33606 | | | Mailing Address POST OFFICE BOX 739 TAMPA, FL 33601-0739 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 26-0391415 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent HENDEE, BRETT ESQ. 1700 SOUTH MACDILL AVENUE, STE 200 TAMPA, FL 33629 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| 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. | | | DATE | | |
| SIGNATURE <u>Brett Hendee, Esquire</u> <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | 10 April 2008 | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 606, Florida Statutes. | | | | | |
| SIGNATURE: <u>John H. Sykes</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | 10 April 2008 | | |
| John H. Sykes | | | 813-272-2211 | | |

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SIGNATURE: John H. Sykes
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10 April 2008 813-272-2211

John H. Sykes