2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2008
Secretary of State

DOCUMENT# L07000077944

Entity Name: ORANGE CLOVER FARMS EQUINE THERAPY, LLC

Current Principal Place of Business:

12701 WASHBURN DRIVE
FORT MYERS, FL 33905 US

New Principal Place of Business:

Current Mailing Address:

12701 WASHBURN DRIVE
FORT MYERS, FL 33905 US

New Mailing Address:

12700 WASHBURN DRIVE
FORT MYERS, FL 33905 US

FEI Number: 26-0614482 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JESSEN, ANDREW G
6371-4 PRESIDENTIAL COURT
FORT MYERS, FL 33919 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: KLEES, PATRICIA
Address: 12701 WASHBURN DRIVE
City-St-Zip: FORT MYERS, FL 33905 US

Title: MGRM (X) Delete
Name: CABANA, DELY M
Address: 7028 GILL CIRCLE
City-St-Zip: LA BELLE, FL 33935 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KLEES, PATRICIA
Address: 12700 WASHBURN DRIVE
City-St-Zip: FORT MYERS, FL 33905 US

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: GIULIA RAMSEY SEC 03/04/2008

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