

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90019 022 ***138.75

DOCUMENT # L07000107418	
1. Entity Name EQUESTRIAN SUNGUARD, LLC	

Principal Place of Business 240 S. PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236	Mailing Address 240 S. PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236
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50006479

2. Principal Place of Business - No P.O. Box # 35750 Hwy 70E Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 40 Suite, Apt. #, etc.
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05232008 Chg-LLC CR2E083 (12/06)

City & State MYAKKA CITY, FL	City & State MYAKKA CITY, FL
Zip 34251	Country USA
Zip 34251	Country USA

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHEMBRI, JENIFER S 240 S. PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DOUGLAS Schembri <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DOUGLAS Schembri <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.O. Box 40 MYAKKA CITY, FL 34251 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SUSAN Schembri <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.O. Box 40 MYAKKA CITY, FL 34251 <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 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 608, Florida Statutes.

SIGNATURE: <i>Susan Schembri</i> manager	Date: 5/23/08	Daytime Phone #: 941-322-1882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		