

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000113842

FILED
May 12, 2008
Secretary of State

Entity Name: EMERALD COAST EQUESTRIAN LLC

Current Principal Place of Business:

840 GREEN HILLS ROAD
CANTONMENT, FL 32533

New Principal Place of Business:

840 GREEN HILLS ROAD
CANTONMENT, FL 32533 US

Current Mailing Address:

840 GREEN HILLS ROAD
CANTONMENT, FL 32533

New Mailing Address:

840 GREEN HILLS ROAD
CANTONMENT, FL 32533 US

FEI Number: 26-1680691 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

STECK, ELIZABETH A
840 GREEN HILLS ROAD
CANTONMENT, FL 32533 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: MGR () Delete
Name: STECK, ELIZABETH A
Address: 840 GREEN HILLS ROAD
City-St-Zip: CANTONMENT, FL 32533

Title: MGRM () Delete
Name: STECK, STEVEN E
Address: 840 GREEN HILLS ROAD
City-St-Zip: CANTONMENT, FL 32533

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: STECK, STEVEN E
Address: 840 GREEN HILLS ROAD
City-St-Zip: CANTONMENT, FL 32533 US

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: ELIZABETH A. STECK

MGR

05/12/2008

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