

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000030071

**Entity Name:** EQUESTRIAN VENTURES, LLC

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

180 NINA WAY  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

180 NINA WAY  
OLDSMAR, FL 34677

**New Mailing Address:**

FEI Number: 32-0241625      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DA COSTA, CARROLL  
180 NINA WAY  
OLDSMAR, FL 34677    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  
Name:            DA COSTA, CARROLL  
Address:        180 NINA WAY  
City-St-Zip:     OLDSMAR, FL 34677

I hereby 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: CARROLL DACOSTA

MGRM

04/26/2010

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