

DOCUMENT# L08000066102

Entity Name: THE EQUESTRIAN STABLE, LLC

New Principal Place of Business:**Current Mailing Address:****New Mailing Address:**

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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: MONAGHAN, THOMAS S
Address: 5050 AVE MARIA BOULEVARD, SUITE 353
City-St-Zip: AVE MARIA, FL 34142

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: /TSM/

MGR

02/01/2010

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