2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# L96000000008

Entity Name: HORSESHOE KNOLL, L.C.

Current Principal Place of Business:

2982 EAST GIVERNY CIRCLE
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

2982 EAST GIVERNY CIRCLE
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 59-3359616 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWBERN, W. SCOTT
W. SCOTT NEWBERN, L.C
2982 EAST GIVERNY CIRCLE
TALLAHASSEE, FL 32309 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: NEWBERN, W. SCOTT
Address: 2982 EAST GIVERNY CIRCLE
City-St-Zip: TALLAHASSE, FL 32309

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MEMB ( ) Change (X) Addition
Name: LEHMAN, GAY N
Address: 201 PLANTATION RD.
City-St-Zip: PALM BEACH, FL 33480

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: W. SCOTT NEWBERN MGRM 04/23/2009

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