File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY **Katherine Harris** FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAY -7 AN II: 16 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE TALL ABASSEE, ELORIDA DOCUMENT # 198000000456 Name and Mailing Address of Limited Liability Company EQUINENIMITY RANCH, L.C. 1a. Principal Place of Business Address 8132 N.W. 164TH TERRACE 8132 N.W. 164TH TERRACE MIAMI LAKES FL 33016 MIAMI LAKES FL 33016 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 04/07/1998 FLSuite, Apt. #, etc Suite, Apt. #, etc. 4 FELNumber Applied For City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent/Office IRIBAR, MANUEL 8132 N.W. 164TH TERRACE Street Address (P.O. Box Number is Not Acceptable) MIAMI LAKES FL 33016 Suite, Apt. #, etc Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations SIGNATURE __ DATE (Regelence Ages) Accepting Approximents. (NOTe: Registeral Ages) separate regional when occurre 10. Title Managing Members/Managers Business Street Address City, State and Zip Code 16220 SW 53 STREET MGR HUMPHRIES, G.D. FORT LAUDERDALE FL IRIBAR, MANUEL 8132 N.W. 1644 TERRACE MGR MIAMI LAKES, FL. 70002880681---**7** -05/20/39--01010--022 ****188.75 ****188.7E 11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Ifurther certify that the information indicated on this annual 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 trusted and powered to execute this report as required by Chapter 608. Florida Statutes, and that my name appears in Block 10, or on an attachment with an address

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