### 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

#### **DOCUMENT # L98000002188**

1. Entity Name

HORSESHOE PARK OF COMMERCE, L.C.



Principal Place of Business

3073 SOUTH HORSESHOE DR.; STE. 118 NAPLES, FL 34104

Mailing Address

3073 SOUTH HORSESHOE DR., STE. 118

NAPLES, FL 34104

## **FILED** Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90058 049 \*\*\*138.75

60030802



03192008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3539118

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, DEAN A 3073 SOUTH HORSESHOE DR., STE. 118 NAPLES, FL 34104

NAPLES, FL 34104

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS

### DO NOT WRITE IN THIS SPACE

	enamed entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both, in the S	tate of Florida. I am familiar with, and accept
SIGNATURE_			
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	HORSESHOE PARK OF COMMERCE MANAGER	, ŁLC	
STREET ADDRESS	3073 SOUTH HORSESHOE DR., STE, 118		

# DO NOT WRITE

CIT-SI-ZIP	
TITLE NAME STREET ADDRESS	IN THIS SPACE
City-St-ZiP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-SI-ZIP	

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my similarie shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company or the feeting or trustee emperator to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE A

IG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE