2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# M02000001434

Entity Name: GREAT WESTERN EQUESTRIAN, LLC

Current Principal Place of Business:

150 FIELD DRIVE SUITE 200
C/O BOB PETERSON
LAKE FOREST, IL 60045

New Principal Place of Business:

15502 CYPRESS PARK DRIVE
WELLINGTON, FL 33414

Current Mailing Address:

150 FIELD DRIVE SUITE 200
C/O BOB PETERSON
LAKE FOREST, IL 60045

New Mailing Address:

15502 CYPRESS PARK DRIVE
WELLINGTON, FL 33414

FEI Number: 83-0327926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DE MAEYER, NANCY
15502 CYPRESS PARK DRIVE
WELLINGTON, FL 33414 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: MGR ( ) Delete
Name: DE MAEYER, NANCY
Address: 1605 N. PRATT ROAD
City-St-Zip: JACKSON, WY 83001

Title: MGR ( ) Delete
Name: DE MAEYER, BRUCE R
Address: 1605 N. PRATT ROAD
City-St-Zip: JACKSON, WY 83001

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: DE MAEYER, NANCY
Address: 15502 CYPRESS PARK DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: MGR (X) Change ( ) Addition
Name: DE MAEYER, BRUCE R
Address: 15502 CYPRESS PARK DRIVE
City-St-Zip: WELLINGTON, FL 33414

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: NANCY DE MAEYER MGR 04/14/2009

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