

2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L01000020650

Entity Name: THE EQUESTRIAN CENTER AT HORSE CREEK, LLC**Current Principal Place of Business:**9045 STRADA STELL COURT
500
NAPLES, FL 34109**Current Mailing Address:**9045 STRADA STELL COURT
500
NAPLES, FL 34109**FEI Number:** 59-3758650**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICES COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*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

Authorized Person(s) Detail :

Title MGR, CEO
Name COLLIER, MILES C
Address 9045 STRADA STELL COURT
500
City-State-Zip: NAPLES FL 34109

Title MGR, P
Name COLLIER, PARKER J
Address 9045 STRADA STELL COURT
500
City-State-Zip: NAPLES FL 34109

Title MGR, EVP
Name THOMAS, WILLIAM E
Address 9045 STRADA STELL COURT
500
City-State-Zip: NAPLES FL 34109

Title VP
Name LENZNER, MICHAEL B
Address 9045 STRADA STELL COURT
500
City-State-Zip: NAPLES FL 34109

Title T, S
Name WALKER, SANDRA D
Address 9045 STRADA STELL COURT
500
City-State-Zip: NAPLES FL 34109

Title V
Name ZUK, MARIANNE R P
Address 9045 STRADA STELL COURT
500
City-State-Zip: NAPLES FL 34109

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM E. THOMAS**MANAGER****02/24/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date