

**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

*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

MGR

05/02/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date