SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGE

2001 UN	IIFUNIN BU	SINESS NEP	)NI	(OD)		•				ğ
DOCUMENT # L0000008585  1. Entity Name  CYPRESS INTERNATIONAL SPORT HORSES, LLC						FILED				
36225 COVINGTON ROAD			36225 COVINGTON ROAD			SECRETARY OF STATE TACCAHASSEE. FLORIDA				
DADE CITY FL 33525		DADE CITY FL 33525				TALLA	(HASSEE) (111) (111) (111) (111)	ELUKIDA Manadahan	: I ibiði ákli íbði	
2. Principal Place of B	3. Mailing Address	Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State	City & State			El Number Applied For				]
Zip Country		Zip	try	5. Certificate of Status Desired						
6. Na	me and Address of Curr	ent Registered Agent	<u> </u>	1	7.	Name and Address of	New Registere			1
			A= . 11	Name						
MICHAELS, KIMB	7 ( )	Street Address			(P.O. Box Number is Not Acceptable)					
36225 COVINGTO										-
DADE CITY FL 33	3525	' r			•					-
				City			F	Zip Cod	e	
8. The above named e	entity submits this statemer	nt for the purpose of changing it	s registere	ed office or	r registered ag	gent, or both, in the Stat	e of Florida.			
SIGNATURE	yped or printed name of registered a	gent and title if applicable (NO	TE: Repistere	d Agent signat	ure required when r	reinstating)	DATE	<u>,                                     </u>		
Signature, (	yped or printed name or registered a									1
		FILE N Make Check P		FEE IS \$ o Depart		ite				
9.	MANAGING ME	MBERS/MEMBERS	10.			ADDI	TIONS/CHANG	ES		
TITLE		☐ Delete	TITL		P	ac Kimas	n, d i	☐ Chánge	Addition	E083 (11/00)
NAME STREET ADDRESS			NAM Stre	ET ADDRESS	171CHA	Covination	Ruad			12
CITY-ST-ZIP				-ST-ZIP	Dade (	ELS KIMBER Covington City FL 33.52	25			803
TITLE		☐ Defete	TITL	E	VS	71.00		☐ Change	Addition -	18
NAME				IE: ***	KAPPLE	R, CHRISTOPH	IER B.		•	
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP	136225	COVINGTON F	ROAD			
TITLE		Delete	TITL	<del></del>	VT	CITY FL 33	7292	- Change	<⊠ Addition	5
NAME		C Obline	NAM	_	RONGE	RS, JOAN	20	. —	/ <u></u>	
STREET ADDRESS				EET ADDRESS	36215	COVINGTON	ROAD			
CITY-ST-ZIP				-ST-ZIP	DADE	CITY , FL 3	37525	☐ Change	☐ Addition	1
TITLE NAME		☐ Delete	TITL		-	9000	10271		)————	
STREET ADDRESS			STRE	EET ADDRESS			02/19/01-	01117=	-038	
CITY-ST-ZIP			CITY	-ST-ZIP		<u> </u>	*****50.0	-	<u>*50.00</u>	-
TITLE		☐ Delete	TITU			Λ		☐ Change	☐ Addition	
NAME STREET ADDRESS			NAM Stre	EET ADDRESS		ノ	$\mathcal{A}$			1
CITY-ST-ZIP			CITY	-ST-ZIP		/	· <i>I</i>			
TITLE		☐ Delete	TITL					☐ Change	☐ Addition	
NAME			NAM	ie Eet address						
STREET ADDRESS CITY-ST-ZIP	•			-ST-ZIP						
11. I hereby certify that	at the information supplied	with this filing does not qualify f	or the exe	mption sta	ted in Section	119.07(3)(i), Florida St	atutes. I further	certify that the i	nformation	1
indicated on this re limited liability con	eport is true and accurate npany or the receiver or tru	and that my signature shall have usee empowered to execute this	e the same s report as	e legal effe required l	ect as if made by Chapter 60	under oath; that I am a 08, Florida Statutes.	managing men	nber or manage	er of the	

2-6-01 352-518-0904 Date Daytime Phone #