


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90029 049 ***138.75

DOCUMENT # L02000027313

1. Entity Name
DAYSTAR THOROUGHBREDS, LLC.



Principal Place of Business
**7244 SW 70TH AVE
 OCALA, FL 34476**

Mailing Address
**PO BOX 770186
 OCALA, FL 34477**

2. Principal Place of Business - No P.O. Box #
11423 SW 69 Circle

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Ocala FL

City & State
 Suite, Apt. #, etc.

Zip
34476 Country
Marion

6. Name and Address of Current Registered Agent

**ACKERMAN, CAHTERINE R
 500 NE 8TH AVE
 OCALA, FL 34470**

00001006



04102008 Chg-LLC CR2E083 (12/06)

4. FEI Number
04-3726887

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75**

**Make check payable to
 Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SURRENCY, MARY C PO BOX 770186 OCALA, FL 34477 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing 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 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: Mary C Surrency Date: 4-20-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE