2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# L05000092798

Entity Name: LAGNIAPPE BLOODSTOCK MANAGEMENT LLC

Current Principal Place of Business:

4715 NW 80TH CT.
OCALA, FL 34482

New Principal Place of Business:

20990 NE HWY 27
WILLISTON, FL 32696

Current Mailing Address:

4715 NW 80TH CT.
OCALA, FL 34482

New Mailing Address:

20990 NE HWY 27
WILLISTON, FL 32696

FEI Number: 20-3596213 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCLELLAN, JONATHAN
4715 NW 80TH CT.
OCALA, FL 34482 US

Name and Address of New Registered Agent:

MCLELLAN, JONATHAN
20990 NE HWY 27
WILLISTON, FL 32696 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: JONATHAN MCLELLAN 04/24/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MCLELLAN, JONATHAN
Address: 4715 NW 80TH CT.
City-St-Zip: OCALA, FL 34482

Title: MGRM ( ) Delete
Name: PLEVIN, SARAH
Address: 4715 NW 80TH CT.
City-St-Zip: OCALA, FL 34482

Title: MGRM ( ) Delete
Name: COLALILLO, MICHAEL
Address: 4900 SW 66TH ST
City-St-Zip: OCALA, FL 34476

Title: MGRM ( ) Delete
Name: HENLEY, DEBRA
Address: 4900 SW 66TH ST
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MCLELLAN, JONATHAN
Address: 20990 NE HWY 27
City-St-Zip: WILLISTON, FL 32696

Title: MGRM (X) Change ( ) Addition
Name: PLEVIN, SARAH
Address: 20990 NE HWY 27
City-St-Zip: WILLISTON, FL 32696

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JONATHAN MCLELLAN MGRM 04/24/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date