2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2007
Secretary of State

DOCUMENT# L05000092798

Entity Name: LAGNIAPPE BLOODSTOCK MANAGEMENT LLC

Current Principal Place of Business:

20990 NE HWY 27
WILLISTON, FL 32696

New Principal Place of Business:

Current Mailing Address:

20990 NE HWY 27
WILLISTON, FL 32696

New Mailing Address:

FEI Number: 20-3596213 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCLELLAN, JONATHAN
20990 NE HWY 27
WILLISTON, FL 32696 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	MCLELLAN, JONATHAN	
Address:	20990 NE HWY 27	
City-St-Zip:	WILLISTON, FL 32696	
Title:	MGRM	( ) Delete
Name:	PLEVIN, SARAH	
Address:	20990 NE HWY 27	
City-St-Zip:	WILLISTON, FL 32696	
Title:	MGRM	(X) Delete
Name:	COLALILLO, MICHAEL	
Address:	4900 SW 66TH ST	
City-St-Zip:	OCALA, FL 34476	
Title:	MGRM	(X) Delete
Name:	HENLEY, DEBRA	
Address:	4900 SW 66TH ST	
City-St-Zip:	OCALA, FL 34476	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 05/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date