

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000006994

**Entity Name:** STONESTREET TRAINING LLC**Current Principal Place of Business:**3530 OLD FRANKFORT PIKE  
LEXINGTON, KY 40510**Current Mailing Address:**3530 OLD FRANKFORT PIKE  
LEXINGTON, KY 40510**FEI Number:** 90-0913931**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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	MANAGER
Name	BANKE, BARBARA R
Address	3530 OLD FRANKFORT PIKE
City-State-Zip:	LEXINGTON KY 40510

Title	MEMBER
Name	JESS S. JACKSON JR. IRREVOCABLE TRUST - FUND A
Address	3530 OLD FRANKFORT PIKE
City-State-Zip:	LEXINGTON KY 40510

Title	MEMBER
Name	STONESTREET THOROUGHBRED HOLDINGS LLC
Address	3530 OLD FRANKFORT PIKE
City-State-Zip:	LEXINGTON KY 40510

*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:** BARBARA R. BANKE

MANAGER

04/23/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date