


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # A07000000526	
1. Entity Name BLUEGRASS THOROUGHBREDS, LLLP	

Principal Place of Business E. JACKSON BOGGS 501 EAST KENNEDY BLVD, STE 1700 TAMPA, FL 33602	Mailing Address E. JACKSON BOGGS 501 EAST KENNEDY BLVD, STE 1700 TAMPA, FL 33602
---	---

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State Zip Country	City & State Zip Country
---------------------------------	---------------------------------

03312008 Chg-LP CR2E003 (12/06)

4. FEI Number 20-8743006	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BOGGS, E. JACKSON 501 EAST KENNEDY BLVD, STE 1700 TAMPA, FL 33602	
--	--

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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	NAME
STREET ADDRESS	15439 LAKE MAGDALANE BLVD
CITY-ST-ZIP	TAMPA, FL 33613
DOCUMENT #	NAME
STREET ADDRESS	15439 LAKE MAGDALANE BLVD
CITY-ST-ZIP	TAMPA, FL 33613
DOCUMENT #	NAME
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	NAME
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	NAME
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

U00000901673
04/29/08 88874 023 500.00

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Tony Ferguson* **TONY FERGUSON** **4-11-08** **813-961-8899**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE