2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2008
Secretary of State

DOCUMENT# L00000014546

Entity Name: TAMPA BAY CHAMPIONSHIP RODEO, LLC

Current Principal Place of Business:

33520 LANGE FARM ROAD
DADE CITY, FL 33525 US

New Principal Place of Business:

Current Mailing Address:

33520 LANGE FARM ROAD
DADE CITY, FL 33525 US

New Mailing Address:

FEI Number: 59-3680963 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANGE, THOMAS N
33520 LANGE FARM ROAD
DADE CITY, FL 33525 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:	D	( ) Delete
Name:	LANGE, THOMAS N	
Address:	33520 LANGE FARM ROAD	
City-St-Zip:	DADE CITY, FL 33525 US	
Title:	D	( ) Delete
Name:	KIRSCHNER, JEFFREY	
Address:	33520 LANGE FARM ROAD	
City-St-Zip:	DADE CITY, FL 33525 US	
Title:	D	( ) Delete
Name:	BALDUS, GARY	
Address:	33520 LANGE FARM ROAD	
City-St-Zip:	DADE CITY, FL 33525 US	
Title:	D	( ) Delete
Name:	LAWSON, LARRY	
Address:	33520 LANGE FARM ROAD	
City-St-Zip:	DADE CITY, FL 33525 US	
Title:	D	( ) Delete
Name:	WATERS, MIKE	
Address:	33520 LANGE FARM ROAD	
City-St-Zip:	DADE CITY, FL 33525 US	
Title:	D	( ) Delete
Name:	DRINKWATER, SCOTT A	
Address:	33520 LANGE FARM ROAD	
City-St-Zip:	DADE CITY, FL 33525 US	

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:	
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: THOMAS N LANGE D 03/18/2008

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