

# **LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

**FILED**

03 APR 30 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT #</b> L02000015277
<b>1. Entity Name</b> THOROUGHbred HOLDING COMPANY, L.L.C.

<b>DO NOT WRITE IN THIS SPACE</b>	
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<b>2. Principal Place of Business</b> 1840 MAIN STREET Suite, Apt. #, etc. 102 City & State WESTON FL	<b>3. Mailing Address</b> SAME Suite, Apt. #, etc. City & State
Zip 33326 Country USA	Zip Country

<b>DO NOT WRITE IN THIS SPACE</b>	
<b>4. FEI Number</b> 02-0618618	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

<b>DO NOT WRITE IN THIS SPACE</b>	
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<b>7. Name and Address of Current Registered Agent</b>	
Name SPIEGEL & UTRERA, P.A.	
Street Address (P.O. Box Number is Not Acceptable) 1840 CORAL WAY 4TH FLOOR	
City MIAMI	Zip Code FL 33145

<b>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.</b>
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable.
<b>DATE</b>

<b>FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>DUE BY MAY 1</b>	
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<b>9. MANAGING MEMBERS/MANAGERS</b>				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY ALBERT C. CRAWFORD 2073 WRIGHT ROAD CAZENOVIA NY 13035	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	000017532000 04/30/03 - 01088 - 015 **50.00	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	OPERATING MANAGER ERIC R. CASTRO 5221 THOROUGHbred LANE SOUTHWEST RANCHES FL 33330	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VICE OPER MGR/TREASURER ROBERT T. CASTRO 5209 HOLATEE TRAIL SOUTHWEST RANCHES FL 33330	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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.</b>	
<b>SIGNATURE:</b> <i>Eric Castro</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	ERIC R. CASTRO Date 954-384-9119 Daytime Phone #

CR2E083B (12/02)