2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000015969

1. Entity Name

DARKHORSE THEMED ENTERTAINMENT, LLC



Principal Place of Business

3822 NE 55TH PLACE GAINESVILLE, FL 32609 Mailing Address

3822 NE 55TH PLACE GAINESVILLE, FL 32609

FILED Jan 22, 2008 8:00 am Secretary of State

01-22-2008 90125 040 ***138.75

60003035



01042008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number
	04-3700751

Applied For Not Applicable

Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

POPVICH, CRAIG 3822 NE 55TH PLACE GAINESVILLE, FL 32609 Please correct spelling Popovich

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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	a. I am familiar with, and accept
the obligations of registered agent	/	_
SIGNATURE X)	8-1-08
	: Registered Agent signature required when reinstating)	DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	P POPOVICH, CRAIG 3822 NE 55 PLACE GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. hereby	certify that the information supplied with this filing does not qualify for the e

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11. I hereby certify that the information supplied with this filling 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 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:
SIGNATURE AND TYPED OR PRINTED NAME OF BYGINING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8-1-08

Daytime Phone #