

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020539

FILED  
May 16, 2005  
Secretary of State

**Entity Name:** TOPLINE DRESSAGE, LLC

**Current Principal Place of Business:**

2558 BEDFORD MEWS ROAD  
WELLINGTON, FL 33414

**New Principal Place of Business:**

362 VISTA DEL REY DRIVE  
ENCINITAS, CA 92024

**Current Mailing Address:**

2558 BEDFORD MEWS ROAD  
WELLINGTON, FL 33414

**New Mailing Address:**

362 VISTA DEL REY DRIVE  
ENCINITAS, CA 92024

FEI Number: 57-1135148      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BLINKS, SUSAN M  
2558 BEDFORD MEWS ROAD  
WELLINGTON, FL 33414      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/MEMBERS:**

Title: MGRM      ( ) Delete  
Name: BLINKS, SUSAN M  
Address: 2558 BEDFORD MEWS ROAD  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: BLINKS, SUSAN M  
Address: 362 VISTA DEL REY DRIVE  
City-St-Zip: ENCINITAS, CA 92024

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUSAN M. BLINKS

MGRM

05/16/2005

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