


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000023667
 1. Entity Name
THUNDER RANCH THOROUGHbred, LLC



Principal Place of Business 11251 N.E. 47TH AVENUE ANTHONY, FL 32617	Mailing Address 648 ANCHORS STREET UNIT 3A FORT WALTON BEACH, FL 32548
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DO NOT WRITE IN THIS SPACE



01152004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 51-0432654	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HENDERSON, DOUGLAS E
 3 NEPTUNE CRT. NW
 FORT WALTON BEACH, FL 32548

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2004

U000000093239
 03/22/04-80010-004 150.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HENDERSON, DOUGLAS E 3 NEPTUNE CRT. NW FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HENDERSON, GLORIA E 3 NEPTUNE CRT. NW FORT WALTON BEACH, FL 32548
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____