FILED

## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## Sep 26, 2003 8:00 am Secretary of State DOCUMENT # L02000023667 08-25-2003 90041 021 \*\*\*\*50.00 THUNDER RANCH THOROUGHBRED, LLC Principal Place of Business Mailing Address 22024101 11251 N.E. 47TH AVENUE 11251 N.E. 47TH AVENUE ANTHONY FL 32617 ANTHONY FL 32617 2. Principal Place of Business uchors St. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number alton Beach 51-0432 Not Applicable Country U.S.A Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HENDERSON, DOUGLAS E ). Box Number is Not Acceptable 11251 N.E. 47TH AVENUE ANTHONY FL 32617 rement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity symmits this the obligations of registered agent SIGNATURE ted name of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE Addition TITLE ☐ Delete Change Douglas E Hender NAME NAME STREET ADDRESS STREET ADDRESS Fort Walton Boh FL 32548 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change Gloria NAME NAME 3 Neptune Cot. N.W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE - Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME

11. I hereby certify that the information supplied with the 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 nat 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 corporary or the receiver or trystee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

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TITLE

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SIGNATURE:

STREET ADDRESS

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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Delete

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Please Note Changes from Previous Level

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