

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


**FILED**  
**Sep 26, 2003 8:00 am**  
**Secretary of State**

08-25-2003 90041 021 \*\*\*\*50.00

0049746

**DOCUMENT # L02000023667**

1. Entity Name  
**THUNDER RANCH THOROUGHBRED, LLC**



Principal Place of Business: **11251 N.E. 47TH AVENUE ANTHONY FL 32617**

Mailing Address: **11251 N.E. 47TH AVENUE ANTHONY FL 32617**

2. Principal Place of Business


3. Mailing Address  
**648 Anchors St.**

Suite, Apt. #, etc. **Unit 3A**

City & State **Fort Walton Beach FL**

Zip **32548** Country **USA**

**3305108**



CHECK HERE IF MAKING CHANGES

4. FEI Number **51-0432654** Applied For  Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**HENDERSON, DOUGLAS E**  
**11251 N.E. 47TH AVENUE**  
**ANTHONY FL 32617**

7. Name and Address of New Registered Agent

Name **Douglas E. Henderson**

Street Address (P.O. Box Number is Not Acceptable) **3 Neptune Crt. N.W.**

City **Ft. Walton Beh.** FL Zip Code **32548**

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  **Doug Henderson** DATE **9/20/03**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
|       |      |                |             | <input type="checkbox"/>        |
|       |      |                |             | <input type="checkbox"/>        |
|       |      |                |             | <input type="checkbox"/>        |
|       |      |                |             | <input type="checkbox"/>        |
|       |      |                |             | <input type="checkbox"/>        |

10. ADDITIONS/CHANGES

| TITLE | NAME       | STREET ADDRESS                    | CITY-ST-ZIP                | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|------------|-----------------------------------|----------------------------|---------------------------------|--|
|       | <b>MGR</b> | <b>Douglas E. Henderson</b>       | <b>3 Neptune Crt. N.W.</b> | <input type="checkbox"/>        | <input checked="" type="checkbox"/>          |
|       |            | <b>Fort Walton Beh. FL. 32548</b> |                            |                                 |  |
|       | <b>MGR</b> | <b>Gloria E. Henderson</b>        | <b>3 Neptune Crt. N.W.</b> | <input type="checkbox"/>        | <input checked="" type="checkbox"/>          |
|       |            | <b>Fort Walton Beh FL. 32548</b>  |                            |                                 |  |
|       |            |                                   |                            | <input type="checkbox"/>        | <input type="checkbox"/>                     |
|       |            |                                   |                            | <input type="checkbox"/>        | <input type="checkbox"/>                     |
|       |            |                                   |                            | <input type="checkbox"/>        | <input type="checkbox"/>                     |

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 REQUIRED Doug Henderson** DATE **9/20/03** Daytime Phone # **850-243-2223**

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

CR2E083 (10/02)

Attachment

55057101  
#102000023667

Please Note Changes  
from Previous Sent

1477

**THUNDER RANCH THOROUGHBRED INC 03/2002**  
648-3A ANCHORS ST NW  
FORT WALTON BEACH, FL 32548

63-72/631


DATE August 21, 2003

PAY TO THE ORDER OF Florida Department of State

Fifty Dollars & XX/100\*\*\*\*\*

\$ 50.00\*\*\*\*\*

DOLLARS

 SECURITY

**SUNTRUST**  
SunTrust Bank

FOR L02000023667

⑆001477⑆ ⑆063100727⑆0072000175985⑆