

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000481

FILED  
May 01, 2005  
Secretary of State

Entity Name: SPORT HORSE INTERNATIONAL, LLC

**Current Principal Place of Business:**

16668 WINNERS CIRCLE  
BARN 8  
DELRAY BEACH, FL 334462607

**New Principal Place of Business:**

**Current Mailing Address:**

16668 WINNERS CIRCLE  
BARN 8  
DELRAY BEACH, FL 334462607

**New Mailing Address:**

FEI Number: 11-3674792      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:**

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

REGISTERED AGENTS OF FLORIDA, LLC  
100 SOUTHEAST 2ND STREET, SUITE 3500  
MIAMI, FL 33131      US

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: LIEBOWITZ, KRISTEN  
Address: 16668 WINNERS CIRCLE BARN #8  
City-St-Zip: DELRAY BEACH, FL 33446

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: LIEBOWITZ, KRISTIN  
Address: 16668 WINNERS CIRCLE BARN #8  
City-St-Zip: DELRAY BEACH, FL 33446

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: KRISTIN LIEBOWITZ

MGRM

05/01/2005

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