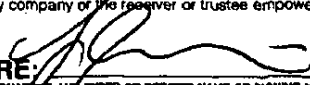


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/1

FILED
Feb 02, 2004 8:00 am
Secretary of State

01-14-2004 90039 033 ****50.00

DOCUMENT # L03000010505 1. Entity Name AMERICAN THOROUGHbred VENTURES LLC					
Principal Place of Business 5350 SE 212 COURT PO BOX 249 MORRISTON, FL 32668 US			Mailing Address 5350 SE 212 COURT PO BOX 249 MORRISTON, FL 32668 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 27-0054459 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				01112004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent GURINO, LOUIS 5350 SE 212 COURT MORRISTON, FL 32668			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GURINO, LOUIS 5350 SE 212 COURT PO BOX 249 MORRISTON, FL 31668	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOTI, FRANK X 2132 WANTAGH AVE PO BOX 1200 WANTAGH, NY 11793	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOTI, CAROL 39 DUCK LANE WEST ISLIP, NY 11795	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this 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 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, Manager, or Authorized Representative Louis Gurino		
Date			Daytime Phone #		