


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90149 030 ****50.00

DOCUMENT # L03000031575	
1. Entity Name TOP TICK THOROUGHbred STABLES, LLC	

Principal Place of Business SEA BREEZE FARM 7810 66TH AVENUE VERO BEACH, FL 32967	Mailing Address 5554 N. HARBOR VILLAGE DRIVE VERO BEACH, FL 32967
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2. Principal Place of Business Top Tick Thoroughbred Stables LLC Suite, Apt. #, etc.	3. Mailing Address 5554 N. Harbor Village Dr. Suite, Apt. #, etc.
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City & State VERO BEACH FLORIDA	City & State VERO BEACH FLORIDA
Zip 32967	Zip 32967
Country USA	Country USA



02042006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0242105	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent RIZZI, LEONARD J 5554 N. HARBOR VILLAGE DRIVE VERO BEACH, FL 32967	
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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 LEONARD J. Rizzi	(NOTE: Registered Agent signature required when replacing)	DATE 2/8/06
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Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIZZI, LEONARD J 5554 N. HARBOR VILLAGE DRIVE VERO BEACH, FL 32967 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 LEONARD J. Rizzi	DATE 2/5/06	Daytime Phone # 772-778-2121
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