## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 11, 2008 8:00 am Secretary of State

| DOCUMENT # L0400000226  1. Entity Name DONARRA THOROUGHBREDS, LLC   |   |   |   |  |  | 90128 001 ***138                         |                              |
|---|---|---|---|--|--|--|------------------------------|
| Principal Place of Business<br>10475 NW 28TH PLACE<br>OCALA, FL 34482   |   | Mailing Address<br>10475 NW 28TH PLACE<br>OCALA, FL 34482 |   | 111011011  | 11 <b>18</b> 71 11811 2211 2211 221  | , , , , , , , , , , , , , , , , , , ,    | *FW:   1   IB 91             |
| 2. Principal Place of Business - No P.O. Box #  |   | 3. Mailing Address  | 3. Mailing Address  |  |  |  |                              |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.                                       | Suite, Apt. #, etc.   |  | Chg-LLC  | CR2E083 (12/06)                          |                              |
| City & State  |   | City & State  |   | 4. FEI Numb<br>56-242  |  | <del>     </del>                         | pplied For<br>at Applicable  |
| Zip   | Country   | Zip· -  | Country   | 5. Certificat  | e of Status Desired  | S5.00 Add<br>Fee Require                 |                              |
|   | 6. Name and Address of Curre  | nt Registered Agent                                       |   | 7. Name an   | d Address of New R   | egistered Agent                          |                              |
| DONOHUE, MARYANN G<br>657 BRIDGEWAY LANE<br>NAPLES, FL 33963  |   |   |   | Donohur, Manjann 8.  Set Address (P.O. Box Number is Not Acceptable)  OHAI NW 28th Place |  |  |                              |
|   |   |   | City  | cala   |  | FL ZEE                                   | 9-0-0                        |
| The above named entity submits this statement for the purpose of changing its reg the obligations of registered agent.  |   |   | registered office of  | registered agent, or b   | oth, in the State of Flo   | · -   J                                  | and accept                   |
| SIGNATURE   | Signature, typed or printed name of registered age  | enland title if applicable (NOTE                          | - Recristered Accept sinns  | ture required when reinstating)  |  | DATE                                     |                              |
|   |   |   | Make che  |  |  |  |                              |
| FILE<br>After May   | E NOW!!! FEE IS \$138.75<br>y 1, 2008 Fee will be \$538.  | 75  |   |  | I.   | e check payable to<br>Department of Stat | e                            |
| FILE<br>After May   | y 1, 2008 Fee will be \$538.  |   | 10  |  | Florida  | Department of Stat                       | e<br>                        |
| After May   | y 1, 2008 Fee will be \$538.  | BERS/MANAGERS   | 10.   | MERM   | I.   | Department of Stat                       |                              |
| After May   | y 1, 2008 Fee will be \$538.  MANAGING MEM  |   | 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | MERM<br>Donohu, John 10421 NW S  | ADDITIONS/   | Department of Stat                       | e Addition                   |
| 9. TITLE NAME STREET ADDRESS  | MANAGING MEM  MGRM  DONOHUE, JOHN K  10475 NW 28 PLACE  | BERS/MANAGERS   | TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Donohue, John 10421 NW 3<br>Ocala, FL 3  | ADDITIONS/   | CHANGES  Change                          | Addition                     |
| 9. Title NAME STREET ADDRESS CITY-ST-ZIP  | MANAGING MEM  MGRM  DONOHUE, JOHN K  10475 NW 28 PLACE  OCALA, FL 34482                                       | BERS/MANAGERS   | TITLE<br>NAME<br>STREET ADDRESS   | Donohue, John Socala, FL 3<br>MELM<br>Donohue, M<br>10421 NW 3                           | ADDITIONS/<br>ADDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITI | Department of Stat                       |                              |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | MANAGING MEM MGRM DONOHUE, JOHN K 10475 NW 28 PLACE OCALA, FL 34482 MGRM DONOHUE, MARYANN G 10475 NW 28 PLACE | BERS/MANAGERS   | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | Donohue, Jol<br>10421 NW S<br>Orala, FL S<br>MERM  | ADDITIONS/<br>ADDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITIONS/<br>ANDITI | CHANGES  Change                          | Addition                     |
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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 inport as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

March 10 2008

Daytime Phone