2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000030376

Entity Name: THOROUGHBRED HOSPITALITY AT BAY LAUREL CENTER, LLC

FILED Apr 28, 2005 Secretary of State

04/28/2005

Current Principal Place of Business: New Principal Place of Business:

1101 SE 12TH STREET OCALA, FL 34471

Current Mailing Address: New Mailing Address:

1101 SE 12TH STREET POST OFFICE BOX 548
OCALA, FL 34471 OCALA, FL 344780578 US

FEI Number: 52-2442144 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

TROW, CHESTER J

1 NE FIRST AVENUE, STE. 303

OCALA, FL 34470 US

DEPASQUALE, KENNETH R
POST OFFICE BOX 548
OCALA, FL 344780548 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: KENNTH R DEPASQUALE

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGR Title: () Delete (X) Change () Addition DEPASQUALE, KENNETH R DEPASQUALE, KENNETH R Name: Name: Address: 1101 SE 12TH STREET Address: POST OFFICE BOX 548 City-St-Zip: OCALA, FL 34471 City-St-Zip: OCALA, FL 344780548

Title: MGR () Delete Title: (X) Change () Addition Name: DEPASQUALE, KAREN R Name: DEPASQUALE, KAREN R Address: 1101 SE 12TH STREET Address: POST OFFICE BOX 548 City-St-Zip: OCALA, FL 34471 City-St-Zip: OCALA, FL 344780548

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: KENNETH R DEPASQUALE MGR 04/28/2005