

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000058830

1. Entity Name

TYB YEARLING PINHOOK 2004 LLC



Principal Place of Business

3070 HARRODSBURG RD., SUITE 205
LEXINGTON, KY 40503

Mailing Address

3070 HARRODSBURG RD., SUITE 205
LEXINGTON, KY 40503

U0000047373
03/08/06-80055-006 50.00



02232006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

61-1473730

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUSTAFSON, CINDY
9180 SOUTHMONT COVE #202
FORT MYERS, FL 33908

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TOP YIELD BLOODSTOCK INTERNATIONAL, INC.
STREET ADDRESS	3070 HARRODSBURG RD, STE. 205
CITY-ST-ZIP	LEXINGTON, KY 40503

TITLE	
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IN THIS SPACE**

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: Cindy Gustafson Cindy Gustafson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/24/06
Date

239-570-9357
Daytime Phone #