2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 26, 2006 8:00 am Secretary of State

DOCUMENT # L0500000453 1. Entity Name IRISH HORSE MARKETING, LLC						07-26-2006 90038 030 ****50.00			
Principal Place of Business 12951 NW 21ST COURT CITRA, FL 32113		Mailing Address 12951 NW 21ST COURT CITRA, FL 32113			200				
2. Principal P	lace of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07212006	Chg-LLC	CR2E083 (11/05)			
City & State		City & State		4. FEI Numb			plied For at Applicable		
Zip	Country		Zip	Country		5. Certificate	of Status Desired	□ \$5.00 Add Fee Require	
6. Name and Address of Current					7. Name and Address of New Registered Agent				
MUDDLY DDIAN				Name BRIAN			MURE	o KY	
MURPHY, BRIAN 661 LOGAN BOULEVARD NORTH NAPLES, FL 34119				Street Address		<u>·_</u>	er is Not Acceptable	BURT	
					City CIT	<i>0</i> A		FL Zip Spd	e _{1.2}
	named entity submi		or the purpose of changing its	s register			th, in the State of F	<u> </u>	and accept
SIGNATURE .	Signature, typed or printed	name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signature requir	red when reinstating)		DATE	
Filing Fee is \$50.00 Due by September 6, 2006									
Fíl Due b	ing Fee is \$50. by September (.00 5, 2006						ke check payable to la Department of State	e
Fil Due b	y September (.00 5, 2006 IANAGING MEMBE	ERS/MANAGERS	10.			Florid		e
Due 5	MGRM	S, 2006 IANAGING MEMBE	RS/MANAGERS	10.			Florid	a Department of State	e Addition
9. TITLE NAME	MGRM MURPHY, BRIA	6, 2006 IANAGING MEMBE N		TITLE	E		Florid	A Department of State	
9. TITLE NAME STREET ADDRESS	MGRM MURPHY, BRIA 12951 NW 21ST	ANAGING MEMBE N COURT		TITLE NAM STRE	E ET ADDRESS		Florid	A Department of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURPHY, BRIA	ANAGING MEMBE N COURT	□ Delete	TITLE NAM STRE CITY	E ET ADDRESS -ST-ZIP		Florid	Department of State	Addition
9. TITLE NAME STREET ADDRESS	MGRM MURPHY, BRIA 12951 NW 21ST	ANAGING MEMBE N COURT		TITLE NAM STRE	E ET ADDRESS -ST-ZIP		Florid	A Department of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM MURPHY, BRIA 12951 NW 21ST	ANAGING MEMBE N COURT	□ Delete	TITLE NAM STRE CITY TITLI NAM STRE	E EET ADDRESS -ST-ZIP E E E E E ET ADDRESS		Florid	Department of State	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGRM MURPHY, BRIA 12951 NW 21ST	ANAGING MEMBE N COURT	□ Delete	TITLE NAM STRE CITY TITLI NAM STRE	E ET ADDRESS -ST-ZIP E		Florid	A Department of State	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE	MGRM MURPHY, BRIA 12951 NW 21ST	ANAGING MEMBE N COURT	□ Delete	TITLE NAM STRE CITY TITLE NAM STRE CITY	E ET ADDRESS -ST-ZIP E E , EET ADDRESS -ST-ZIP		Florid	Department of State	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	MGRM MURPHY, BRIA 12951 NW 21ST	ANAGING MEMBE N COURT	□ Delete	TITLE NAM STRE CITY TITLI NAM STRE CITY TITLI NAM NAM NAM	E ET ADDRESS -ST-ZIP E E , , SET ADDRESS -ST-ZIP E E , ET ADDRESS -ST-ZIP E E		Florid	A Department of State	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE	MGRM MURPHY, BRIA 12951 NW 21ST	ANAGING MEMBE N COURT	□ Delete	TITLE NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE	E ET ADDRESS -ST-ZIP E E , EET ADDRESS -ST-ZIP		Florid	A Department of State	Addition
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGRM MURPHY, BRIA 12951 NW 21ST	ANAGING MEMBE N COURT	☐ Delete	TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM NAM	E ET ADDRESS -ST-ZIP E E , , SET ADDRESS -ST-ZIP E E E . ST-ZIP E E E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E		Florid	Change	Addition 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 report as required by Chapter 608, Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTANVE

Date Dayline Mone #