


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000000453	
1. Entity Name IRISH HORSE MARKETING, LLC	

Principal Place of Business 12951 NW 21ST COURT CITRA, FL 32113	Mailing Address 12951 NW 21ST COURT CITRA, FL 32113
---	---

DO NOT WRITE IN THIS SPACE

FILED
Jul 23, 2008 08:00 AM
Secretary of State



07162008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 54-2060233	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent MURPHY, BRIAN 12951 NW 21ST CT CITRA, FL 32113

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	000000956131 07/23/08-80004-018 138.75
--	--	---

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MURPHY, BRIAN 12951 NW 21ST COURT OCALA, FL 32113
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

DO NOT WRITE
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: Brian Murphy 7/16/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #