## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 13, 2006 8:00 am Secretary of State **DOCUMENT # L05000004595** SONG HILL THOROUGHBREDS LLC 04-13-2006 90042 007 \*\*\*\*50.00 Mailing Address Principal Place of Business 2117 S.W. BRADFORD PLACE 2117 S.W. BRADFORD PLACE PALM CITY, FL 34990 PALM CITY, FL 34990 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04102006 Cha-LLC CR2E083 (11/05) Applied For 4. FEI Number City & State City & State 43-2072279 Not Applicable \$5.00 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOND, HAROLD JAMES Street Address (P.O. Box Number is Not Acceptable) 2117 S.W. BRADFORD PLACE PALM CITY, FL 34990 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. ☐ Addition Change Delete TITLE **MGRM** TITLE BOND, HAROLD JAMES atatr. AO 1 NAME NAME 2117 S.W. BRADFORD PLACE STREET ADDRESS STREET ADDRESS VCDY/18T, ZIP PALM CITY, FL 34990 CITY-ST-ZIP UVD.PO ☐ Change ☐ Addition MGRM Defete TITLE TITLE BOND, TINA MARIE NAME STREET ADDRESS 2117 S.W. BRADFORD PLACE STREET ADDRESS CITY-ST-ZIP PALM CITY, FL 34990 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE 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.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

INA MArie Bond

FILED

4/10/06 772-223-1338