

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000080759

**FILED**  
**May 17, 2008**  
**Secretary of State**

**Entity Name:** EQUINE REPRODUCTION CENTER OF CENTRAL FLORIDA LLC

**Current Principal Place of Business:**

1405 S. GLENCOE RD  
NEW SMYRNA, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1633  
NEW SMYRNA, FL 32170

**New Mailing Address:**

**FEI Number:** 20-3407889

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LUZNAR, SHANNON DVM  
1405 S GLENCOE RD  
NE SMYRNA BEACH, FL 32168 US

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

LUZNAR, SHANNON DVM  
1405 S GLENCOE RD  
NEW SMYRNA BEACH, FL 32168 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:

05/17/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LUZNAR, SHANNON  
Address: 1405 S. GLENCOE RD  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL KONDRACKI

MGR

05/17/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date