

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

03-29-2006 90022 001 ****50.00

DOCUMENT # L05000116999
 1. Entity Name
WORLD CUP RIDING ACADEMY, LLC



Principal Place of Business Mailing Address
10424 NCR 475 **10424 NCR 475**
WILDWOOD FL 34785 **WILDWOOD FL 34785**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
 - **22-3929219** Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

1st MOORE CR2E083 (10/05)

6. Name and Address of Current Registered Agent
TCHALABAEVA, TATIANA
1105 CR 246 SOUTH
OXFORD FL 34484

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 Tatiana Tchalaeva Kathy Adcock DATE 3-21-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR <input type="checkbox"/> Delete
NAME	ADCOCK, KATHY M
STREET ADDRESS	10424 NCR 475
CITY - ST - ZIP	WILDWOOD FL 34785
TITLE	MGR <input type="checkbox"/> Delete
NAME	TCHALABAEV, KANAT
STREET ADDRESS	1105 CR 246 SOUTH
CITY - ST - ZIP	OXFORD FL 34484
TITLE	MGRM <input type="checkbox"/> Delete
NAME	TCHALABAEVA, TATIANA
STREET ADDRESS	1105 CR 246 S
CITY - ST - ZIP	OXFORD FL 34484
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Kathy Adcock Kathy Adcock DATE 3/21-06 DAYTIME PHONE # 352-274-8093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #