

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000038349

FILED
Apr 21, 2009
Secretary of State

Entity Name: WOODFORD THOROUGHBREDS, LLC

Current Principal Place of Business:

1700 S. MACDILL AVE., SUITE 200
TAMPA, FL 33629

New Principal Place of Business:

400 N. ASHLEY DRIVE
1400
TAMPA, FL 33602

Current Mailing Address:

1700 S. MACDILL AVE., SUITE 200
TAMPA, FL 33629

New Mailing Address:

P.O. BOX 739
TAMPA, FL 336010739 US

FEI Number: 20-8809070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F & L CORP.
ONE INDEPENDENT DR., SUITE 1300
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SYKES, JOHN
Address: 1700 S. MACDILL AVE., SUITE 200
City-St-Zip: TAMPA, FL 33629

Title: MGR () Delete
Name: FERGUSON, TONY
Address: 1700 S. MACDILL AVE., SUITE 200
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JHS MANAGEMENT LLC
Address: 400 N. ASHLEY DRIVE, SUITE 1400
City-St-Zip: TAMPA, FL 33602

Title: MGR (X) Change () Addition
Name: FERGUSON, TONY
Address: 400 N. ASHLEY DRIVE, SUITE 1400
City-St-Zip: TAMPA, FL 33629

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: JOHN H. SYKES

MGR

04/21/2009

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