

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000075046

FILED
Aug 26, 2008
Secretary of State

Entity Name: WELLINGTON HORSE TRAINING COMPLEX LLC

Current Principal Place of Business:

13155 SOUTHFIELD ROAD
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

76 LAKE DRIVE SOUTH
PO BOX 281CI
NEW FAIRFIELD, CT 06812

New Mailing Address:

PO BOX 609
SHERMAN, CT 06784

FEI Number: 20-8915451 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

EDELMAN, SAMUEL
13155 SOUTHFIELD ROAD
WELLINGTON, FL 33414 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: MGRM () Delete
Name: EDELMAN, SAMUEL
Address: 76 LAKE DRIVE SOUTH, PO BOX 281CI
City-St-Zip: NEW FAIRFIELD, CT 06812

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: EDELMAN, SAMUEL
Address: PO BOX 609
City-St-Zip: SHERMAN, CT 06784

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: SAMUEL EDELMAN

MGRM

08/26/2008

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