

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000075046

FILED
Jan 20, 2009
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:

PO BOX 609
SHERMAN, CT 06784

New Mailing Address:

FEI Number: 20-8915451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: PO BOX 609
City-St-Zip: SHERMAN, CT 06784

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: KERINS, DARRAGH
Address: 13155 SOUTHFIELDS RD
City-St-Zip: WELLINGTON, FL 33414 US

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

01/20/2009

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