

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000090263

FILED  
Apr 11, 2008  
Secretary of State

**Entity Name:** TAMPA BAY EQUINE PRACTICE, LLC

**Current Principal Place of Business:**

3738 RYANS LANE  
ZEPHYRHILLS, FL 33541

**New Principal Place of Business:**

**Current Mailing Address:**

3738 RYANS LANE  
ZEPHYRHILLS, FL 33541

**New Mailing Address:**

**FEI Number:** 26-0832760

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD, SUITE 101  
TALLAHASSEE, FL 323012960 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:** BIELAWSKI, NANCYLEE  
**Address:** 3738 RYANS LANE  
**City-St-Zip:** ZEPHYRHILLS, FL 33541

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** BIELAWSKI, NANCYLEE DVM  
**Address:** 3738 RYANS LANE  
**City-St-Zip:** ZEPHYRHILLS, FL 33541

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:** NANCYLEE BIELAWSKI

DVM

04/11/2008

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