

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000053086

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: LUCAN BLOODSTOCK 2008 LLC

## Current Principal Place of Business:

5583 SW 39TH ST  
OCALA, FL 34474

## New Principal Place of Business:

2281 NW 150TH AVE  
OCALA, FL 34482

## Current Mailing Address:

5583 SW 39TH ST  
OCALA, FL 34474

## New Mailing Address:

PO BOX 771268  
OCALA, FL 34482

FEI Number: 26-2708139

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KEEGAN, KARL  
5583 SW 39TH ST  
OCALA, FL 34474 US

## Name and Address of New Registered Agent:

KEEGAN, KARL  
2281 NW 150TH AVE  
OCALA, FL 34482 US

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: KARL KEEGAN

03/24/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: KEEGAN, KARL  
Address: 5583 SW 39TH ST  
City-St-Zip: OCALA, FL 34474

Title: MGR ( ) Delete  
Name: BRENNAN, IAN  
Address: 5583 SW 39TH ST  
City-St-Zip: OCALA, FL 34474

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: KEEGAN, KARL  
Address: 2281 NW 150TH AVE  
City-St-Zip: OCALA, FL 34482

Title: MGR (X) Change ( ) Addition  
Name: BRENNAN, IAN  
Address: 2281 NW 150TH AVE  
City-St-Zip: OCALA, FL 34482

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: KARL KEEGAN

MGR

03/24/2009

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