

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000071043

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: BAY AREA HORSEMAN'S ASSOCIATION, LLC

**Current Principal Place of Business:**

6301 94TH AVENUE N  
PINELLAS PARK, FL 33782 US

**New Principal Place of Business:**

**Current Mailing Address:**

12613 GORDA CIRCLE E  
LARGO, FL 33773 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

CURD, CRISTI  
12613 GORDA CIRCLE E  
LARGO, FL 33773 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: FIEDLER, PATRICIA  
Address: 7700 59TH STREET  
City-St-Zip: ST PETERSBURG, FL 33781 US

Title: MGRM ( ) Delete  
Name: LAIRD, ALISHA  
Address: 10744 119TH STREET  
City-St-Zip: LARGO, FL 33778 US

Title: MGRM ( ) Delete  
Name: CURD, CRISTI  
Address: 12613 GORDA CIRCLE E  
City-St-Zip: LARGO, FL 33773 US

Title: MGRM ( ) Delete  
Name: FREED, ROSA  
Address: 6225 65TH COURT  
City-St-Zip: PINELLAS PARK, FL 33781 US

Title: MGRM ( ) Delete  
Name: SIPOS, KELLIE  
Address: 18217 GULF BLVD  
City-St-Zip: REDINGTON, FL 33708 US

Title: MGRM ( ) Delete  
Name: ELLIS, NICK  
Address: 8420 54TH STREET N  
City-St-Zip: PINELLAS PARK, FL 33781 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CRISTI CURD

TRES

04/16/2009

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