2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# L08000072219

Entity Name: TRADITIONS THOROUGHBREDS LLC

Current Principal Place of Business:

9130 GALLERIA CT
SUITE 326
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

9130 GALLERIA CT
SUITE 326
NAPLES, FL 34109

New Mailing Address:

1616 LEXINGTON AVE.
MANSFIELD, OH 44907

FEI Number: 26-3056249 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HURDLE, KATHLEEN C
887 GULF PAVILION DR.
APT. 101
NAPLES, FL 34108 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:	HURDLE, KATHLEEN C	
Address:	887 GULF PAVILION DR.,APT. 101	
City-St-Zip:	NAPLES, FL 34108	
Title:	MGRM	( ) Delete
Name:	HURDLE, WILLIAM F	
Address:	887 GULF PAVILION DR., APT. 101	
City-St-Zip:	NAPLES, FL 34108	
Title:	MGRM	( ) Delete
Name:	DEAN, BRENDA K	
Address:	887 GULF PAVILION DR., APT. 101	
City-St-Zip:	NAPLES, FL 34108	

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:	

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: KATHLEEN C. HURDLE MGRM 01/21/2009

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