

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000089791

**FILED**  
**Apr 07, 2010**  
**Secretary of State**

**Entity Name:** OCALA SHOWJUMPING, LLC

**Current Principal Place of Business:**

7761 N.W. 136TH TERRACE  
OCALA, FL 34482

**New Principal Place of Business:**

**Current Mailing Address:**

7761 N.W. 136TH TERRACE  
OCALA, FL 34482

**New Mailing Address:**

**FEI Number:** 27-0949565

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BENSON, SUSAN  
1651 S.E. 195TH TERRACE  
MORRISTON, FL 32668 US

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

THOMPSON, GAIL  
7761 MW 136TH TERRACE  
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: GAIL THOMPSON

04/07/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: THOMPSON, GAIL  
Address: 7761 N.W. 136TH TERRACE  
City-St-Zip: OCALA, FL 34482

Title: MGR  
Name: BENSON, SUSAN  
Address: 1651 S.E. 195TH TERRACE  
City-St-Zip: MORRISTON, FL 32668

Title: MGR  
Name: HICKEY, CHRIS  
Address: 1651 S.E. 195TH TERRACE  
City-St-Zip: MORRISTON, FL 32668

I hereby 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: GAIL THOMPSON

MS.

04/07/2010

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