

2000 UNIFORM BUSINESS REPORT (UBR)

0005665 AF

DOCUMENT # L99000003807

1. Entity Name
THOROUGHBRED RACING PARTNERS L.C.

APPROVED AND FILED

00 MAR 27 AM 9:45

SECRETARY OF STATE
FALLAHASSEE, FLORIDA

mf 4/10



Principal Place of Business
308 EGRET LANE
FORT LAUDERDALE FL 33327

Mailing Address
308 EGRET LANE
FORT LAUDERDALE FL 33327-1109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0969990

Applied For
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLONEY, JENNIFER
308 EGRET LANE
FORT LAUDERDALE FL 33327

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR
NAME GLOBETROTTER ENTERPRISES, INC. Delete
STREET ADDRESS 308 EGRET LANE
CITY-ST-ZIP FORT LAUDERDALE FL 33327

TITLE Change Addition
NAME 900003207589--8
STREET ADDRESS -04/13/00--01085--015
CITY-ST-ZIP *****55.00 *****55.00

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

Jennifer Coloney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Jennifer Coloney 1/4/00

Date

Daytime Phone #

954-349-1742

CR2E083 (9/99)