

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 19, 2006 8:00 am**  
**Secretary of State**

07-19-2006 90093 035 \*\*\*\*50.00

<b>DOCUMENT # L99000006692</b> 1. Entity Name <b>THOMAS &amp; JENNIFER GIBBS THOROUGHbred RACING, L.L.C.</b>					
Principal Place of Business <b>820 LUCERNE TERRACE ORLANDO, FL 32801</b>			Mailing Address <b>820 LUCERNE TERRACE ORLANDO, FL 32801</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>GIBBS, THOMAS MD 6000 DOWN POIN LANE WINDERMERE, FL 34786</b>			7. Name and Address of New Registered Agent Name <u>Gibbs Thomas MD</u> Street Address (P.O. Box Number is Not Acceptable) <u>1514 Lake Whitney Dr.</u> City <u>Windermer</u> <u>FL</u> Zip Code <u>34786</u>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>GIBBS, THOMAS MD</b> <b>820 LUCERNE TERRACE</b> <b>ORLANDO, FL 32801</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>GIBBS, JENNIFER</b> <b>820 LUCERNE TERRACE</b> <b>ORLANDO, FL 32801</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u>THOMAS C. GIBBS</u>			<u>7/10/06</u> <u>407-648-5101</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		