


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000009226 1. Entity Name MIKE ANDERSON THOROUGHBREDS LLC	
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Principal Place of Business 4301 E. MARKET ST. LOGANSPOET, IN 46947	Mailing Address 4301 E. MARKET ST. PO BOX 179 LOGANSPOET, IN 46947
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DO NOT WRITE IN THIS SPACE



01182005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 35-2087153	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ANDERSON, MICHAEL C 4301 E. MARKET ST. LOGANSPOET, IN 46947
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ANDERSON, KIMBERLY K 4301 E. MARKET ST. LOGANSPOET, IN 46947
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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: <u>Kimberly K. Anderson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	3/3/05 574-753-3798 <small>Date Daytime Phone #</small>
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