

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # M00000002712 1. Entity Name THOROUGHbred FINANCIAL SERVICES, LLC	
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Principal Place of Business 5110 MARYLAND WAY SUITE 300 BRENTWOOD, TN 37027	Mailing Address 5110 MARYLAND WAY SUITE 300 BRENTWOOD, TN 37027
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01162007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1784717	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
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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. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000593370
01/22/07-80028-023 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARKER, THOMAS J 5110 MARYLAND WAY, SUITE 300 BRENTWOOD, TN 37027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERNDON, JACK C 5110 MARYLAND WAY, SUITE 300 BRENTWOOD, TN 37027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KELLY, DANIEL 5110 MARYLAND WAY, SUITE 300 BRENTWOOD, TN 37027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MICCIOLI, MARK 5110 MARYLAND WAY, SUITE 300 BRENTWOOD, TN 37027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.
SIGNATURE: <u>Daniel Kelly</u> 1-17-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>
<small>Date</small> <small>Daytime Phone #</small>