

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000083692

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Entity Name:** BISCAYNE EQUESTRIAN PARTNERS LLC

**Current Principal Place of Business:**

4060 NW 110TH AVE.  
OCALA, FL 34482

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 650  
OXFORD, FL 34484

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROMANIK, DAVID S  
4060 NW 110TH AVE.  
OCALA, FL 34482 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** ROMANIK, DAVID S  
**Address:** 4060 NW 110TH AVE.  
**City-St-Zip:** Ocala, FL 34482

**Title:** MGRM  
**Name:** BAY GAMING PARTNERS, LLC  
**Address:** 212 SOUTH MAGNOLIA ST., SUITE 204  
**City-St-Zip:** TAMPA, FL 33606

**Title:** MGRM  
**Name:** DUNBAR, MARC W  
**Address:** 215 SOUTH MONROE ST.  
**City-St-Zip:** TALLAHASSEE, FL 32301

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:** DAVID S. ROMANIK

MGRM

04/11/2011

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