

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000083692

**Entity Name:** BISCAYNE EQUESTRIAN PARTNERS LLC

**Current Principal Place of Business:**

4415 SW 52ND CIRCLE  
SUITE 108  
OCALA, FL 34474

**Current Mailing Address:**

P.O. BOX 650  
OXFORD, FL 34484

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ROMANIK, DAVID S  
4415 SW 52ND CIRCLE  
SUITE 108  
OCALA, FL 34474 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name ROMANIK, DAVID S  
Address 4415 SW 52ND CIRCLE SUITE 108  
City-State-Zip: Ocala FL 34474

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

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

Title MGRM  
Name MCGEE, GENE  
Address 215 SOUTH MONROE ST.  
City-State-Zip: TALLAHASSEE FL 32301

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID S. ROMANIK

**MANAGER**

**04/12/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date