


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000000853</b> 1. Entity Name OSD HORSING, L.L.C.	
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Principal Place of Business 2655 LEJEUNE ROAD, PH II-C CORAL GABLES, FL 33134	Mailing Address 2655 LEJEUNE ROAD, PH II-C CORAL GABLES, FL 33134
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**DO NOT WRITE IN THIS SPACE**



01182007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 56-2497410	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  SOTO, OSVALDO N 2655 LEJEUNE ROAD, PH II-C CORAL GABLES, FL 33134
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**DO NOT WRITE  
IN THIS SPACE**

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 obligation.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

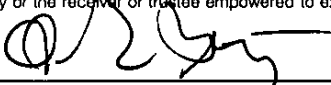
**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOTO, OSVALDO N 2655 LEJEUNE ROAD, PH II-C CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOTO, EDUARDO R 2655 LEJEUNE ROAD, PH II-C CORAL GABLES, FL 33134
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U00000635417  
02/23/07-80013-018 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:  2-28-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #