## **2007 LIMITED LIABILITY COMPANY**

## FILED Jul 16, 2007 8:00 am Secretary of State

ANNUAL KEPUKI						05-03-2007 90261 013 ****50.00				
DOCUMENT # L05000010685  1. Entity Name GOLDRUSH STABLES LLC									).00	
Principal Place of Business Mailing Address						3	001177	4		
2708 N. OCEAN BLVD. FT. LAUDERDALE, FL 33308		2708 N. OCEAN BLVD. FT. LAUDERDALE, FL 33308								
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07112007	Chg-LLC	CR2E083 (1	2/06)		
City & State		City & State			4. FEI Num! 20-22				plied For t Applicable	
Zip	Country	Zip	Count	гу	5. Certificat	e of Status Desired		00 Addi Required		
	6. Name and Address of Current f	Registered Agent			7. Name an	d Address of New F	Registered Agent			
100111110 10011111000				Name						
JANULIS, WILLIAM 2708 N. OCEAN BLVD. FT. LAUDERDALE, FL 33308				Street Address (P.O. Box Number is Not Acceptable)						
		City					FL Z	ip Code	•	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE										
Filing Fee is \$50.00 Due by September 14, 2007							ke check payab a Department c		)	
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JANULIS, WILLIAM 2708 N. OCEAN BLVD. FT. LAUDERDALE, FL 33308	☐ Delete		1				Change	☐ Addition	
TITLE	MGRM	☐ Delete	THTLE			·	П	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	BAKER, BRYAN 2951 E HWY 316 CITRA, FL 32113	L. Deleie	NAME STREE					2. Large		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete							Сћалде	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	1					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	☐ Addition	
indicatéd	certify that the information supplied with d on this report is true and accurate and ability company or the receiver or truster	that my signature shall have t	he same	e legal effect	as if made under oa	ith; that I am a mana	further certify that aging member or	the info manage	rmation er of the	

SIGNATURE: SIGNATURE and TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

ATTACHMENT 30011774 # L050000 10685

C31 INCLEARINGS MIAMI FL 131498533 05-17-07

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