2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000020579

1. Entity Name
ELDORADO STABLE, LLC

Principal Place of Business	Mailing Address
3955 HANOVER CIRCLE
LOXAHATCHEE, FL 33470 US	C/O MARIO G. DE MENDOZA, III, P.A.
12765 FOREST HILL BLVD., SUITE 1302
WELLINGTON, FL 33414   US

DO NOT WRITE IN THIS SPACE

02262008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-4371772	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

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6. Name and Address of Current Registered Agent

MARIO G. DE MENDOZA, III, P.A.
12765 FOREST HILL BOULEVARD
SUITE 1302
WELLINGTON, FL 33414

**DO NOT WRITE
IN THIS SPACE**

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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_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

000000872966
04/10/08-80053-012 138.75

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9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DORHOUT-MEES, MARINA I
STREET ADDRESS	3955 HANOVER CIRCLE
CITY-ST-ZIP	LOXAHATCHEE, FL 33470

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: _____   3/12/08   5612544039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #
Marina I. Dorhout-Mees, Manager