
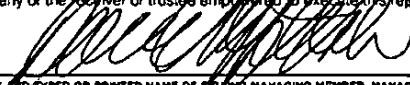


**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90065 010 \*\*\*143.75

**2008 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

DOCUMENT # L07000070940					
1. Entity Name ANDIAMO RACING STABLES, LLC					
Principal Place of Business 1441 BRICKELL AVENUE SUITE 1003 MIAMI, FL 33131			Mailing Address 1441 BRICKELL AVENUE SUITE 1003 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. SSN Number <b>35-1175472</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GOLDSTEIN, DAVID M 1441 BRICKELL AVENUE SUITE 1003 MIAMI, FL 33131				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip 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 _____ (NOTE: Registered Agent's signature required when remaining)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME
	MANAGER	1441 Brickell Ave., Ste. 1003	MIAMI, FL 33131		
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: 			DAVID M. GOLDSTEIN, 1/17/08		
SIGNATURE (TYPED OR PRINTED NAME OF BOARD MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE)			Date		

30001880



01152008 Chg-LLC CR2E083 (12/06)

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

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

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS  
 TITLE NAME STREET ADDRESS CITY - ST - ZIP  
 MANAGER David M. Goldstein 1441 Brickell Ave., Ste. 1003 MIAMI, FL 33131

10. ADDITIONS/CHANGES  
 TITLE NAME STREET ADDRESS CITY - ST - ZIP  
 Change  Addition

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:  DAVID M. GOLDSTEIN, 1/17/08  
 SIGNATURE (TYPED OR PRINTED NAME OF BOARD MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) Date