

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000108647

FILED  
Apr 27, 2011  
Secretary of State

**Entity Name:** SECRET DREAMS STABLE, L.L.C.

**Current Principal Place of Business:**

5060 NW 124TH WAY  
CORAL SPRINGS, FL 33076 US

**New Principal Place of Business:**

**Current Mailing Address:**

5060 NW 124TH WAY  
CORAL SPRINGS, FL 33076 US

**New Mailing Address:**

**FEI Number:** 80-0504498

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILLER, FRED  
5060 NW 124TH WAY  
CORAL SPRINGS, FL 33076 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MILLER, FRED  
Address: 5060 NW 124TH WAY  
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: MGRM  
Name: ADAMSKY, DOUGLAS  
Address: 11441 NW 48TH CT.  
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: MGRM  
Name: KITCHMAN, ALAN  
Address: 10720 LONDON ST.  
City-St-Zip: COOPER CITY, FL 33026 US

Title: MGRM  
Name: PEARSALL, ROBERT  
Address: 11500 NW 21ST ST.  
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: MGRM  
Name: SEIDEL, MICHAEL  
Address: 12274 NW 57TH ST.  
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: MGRM  
Name: GOODMAN, MEL  
Address: 1764 BRIDGWOOD DR.  
City-St-Zip: BOCA RATON, FL 33434 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: FRED MILLER

MGRM

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date