2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000000853

1. Entity Name
OSED HORSING, L.L.C.

Principal Place of Business	Mailing Address
2655 LEJEUNE ROAD, PH II-C CORAL GABLES, FL 33134	2655 LEJEUNE ROAD, PH II-C CORAL GABLES, FL 33134

01042008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2497410
☐ Applied For
☐ Not Applicable

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

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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8. The above [illegible] statement [illegible] f changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligat[illegible]

SIGNATURE [illegible]
Signature, typed or printed name of registered a[illegible] 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

U00000807144
02/06/08-80065-025 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SOTO, OSVALDO N
STREET ADDRESS	2655 LEJEUNE ROAD, PH II-C
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGRM
NAME	SOTO, EDUARDO R
STREET ADDRESS	2655 LEJEUNE ROAD, PH II-C
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: [signature] 1/23/08 3/567-0010

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