


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000007187

1. Entity Name
 HIALEAH RACING ASSOCIATION, LLC



Principal Place of Business
 2200 EAST 4 AVE
 HIALEAH, FL 33010

Mailing Address
 PO BOX 158
 HIALEAH, FL 33011

DO NOT WRITE IN THIS SPACE



01282008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 48-1292939	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRUNETTI, JOHN J
 105 EAST 21ST STREET
 HIALEAH, FL 33010

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

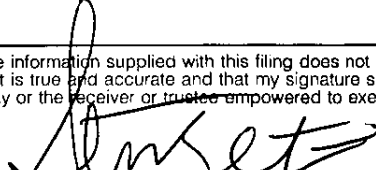
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000864989
 04/07/08-80010-002 143.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRUNETTI, JOHN J 105 EAST 21ST STREET HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM BRUNETTI, JOHN J JR. 105 EAST 21ST STREET HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM BRUNETTI, STEPHEN P 105 EAST 21ST STREET HIALEAH, FL 33010
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:  Stephen P. Brunetti 3/17/08 305 885-8000

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