

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000002885

FILED
Aug 26, 2003
Secretary of State

Entity Name: ELLIOTT WALDEN STABLES, LLC

Current Principal Place of Business:

10595 STRAIT LANE
DALLAS, TX 75229

New Principal Place of Business:

1404-D BROWNS LANE
LOUISVILLE, KY 40207

Current Mailing Address:

10595 STRAIT LANE
DALLAS, TX 75229

New Mailing Address:

3001 PISGAH PIKE
VERSAILLES, KY 40383

FEI Number: 01-0645660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: WALDEN, WILLIAM E PRES
Address: 1404-D BROWNS LANE
City-St-Zip: LOUISVILLE, KY 40207

Title: MGR () Change (X) Addition
Name: CAUTHEN, DOUG E V.P.
Address: 3001 PISGAH PIKE
City-St-Zip: VERSAILLES, KY 40383

Title: MGR () Change (X) Addition
Name: MULLIKIN, JACK B TREAS
Address: 3001 PISGAH PIKE
City-St-Zip: VERSAILLES, KY 40383

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: JACK B. MULLIKIN

MGR

08/26/2003

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