2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 21, 2007
Secretary of State

DOCUMENT# L02000015072

Entity Name: LIMESTONE STABLES LLC

Current Principal Place of Business:

6411 SORREL DRIVE
COCOA, FL 32926

New Principal Place of Business:

Current Mailing Address:

6411 SORREL DRIVE
COCOA, FL 32926

New Mailing Address:

FEI Number: 27-0017740 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SCAUZILLO, SHERRY O
6411 SORREL DRIVE
COCOA, FL 32926 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: PRES ( ) Delete
Name: SHERRY, SCAUZILLO O PRES
Address: 6411 SORREL DRIVE
City-St-Zip: COCOA, FL 32926

Title: MGRM ( ) Delete
Name: SCAUZILLO, SIERRA J
Address: 6411 SORREL DRIVE
City-St-Zip: COCOA, FL 32926

Title: MGRM ( ) Delete
Name: FOSTER, BLAKE F
Address: 6565 GRISSOM PKWY
City-St-Zip: COCOA, FL 32926

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SHERRY O SCAUZILLO PRES 08/21/2007

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