2004 LIMITED LIABILITY COMPANY

ANNUAL REPORT (AR)

DOCUMENT # L03000034678



3/:

FILED Mar 29, 2004 8:00 am Secretary of State

1. Entity Name			03-15-2004 90438 029 ****50.00
PINNACLE RACING STABLE 1 LLC		THE STATE OF THE S	9
Principal Place of Business	Mailing Address		
19601 E COUNTRY CLUB DR. #304 19601 E COUNTRY CLUB DR. AVENTURA FL 33180 AVENTURA FL 33180		UB DR. #304	
WENG WIE GOIS	A7 E11 (01) A1 E 00 (00		A SERVICE STATE OF SERVICE SER
2. Principal Place of Business	3. Mailing Address		
E Fillicips: Fidee of business	3. Maining Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		MOORE CR2E083 (11/03)
City & State	City & State		4. FEI Number C Applied For
			36 -453 9845 Not Applicable
Zip Country	Zip .	Country	5. Certificate of Status Desired Sea Required \$5.00 Additional Fee Required
6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent
LAZARUS, ADAM 19601 E COUNTRY CLUB DR.	#304	Street Address	s (P.O. Box Number is Not Acceptable)
AVENTURA FL 33180			
		City	FL Zip Code
R. The share named entity submits this statement	for the nurpose of changing its	registered office or regist	
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			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agnature required when reinstating) DATE			
		OW!!! FEE IS \$50.00 le to Florida Departm	
	Due	By May 1, 2004	TOTAL OF THE PARTY
9. MANAGING MEME		10.	ADDITIONS/CHANGES
TITLE MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME LAZARUS, ADAM	20.4	NAME OVERTED ADDRESS	
STREET ADDRESS 19601 E COUNTRY CLUB DR. #3	304	STREET ADDRESS) CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	Change Addition
NAME		NAME	,
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE	□ Detete	time	☐ Change ☐ Addition
NAME	_ bace	NAME	3 51-2
STRILET ADDRESS - CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	•
TILE	Delete	TITLE	☐ Change ☐ Addition
NAME	- Dollere	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-SI-ZIP		CITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS CITY-ST-2IP		STREET ADDRESS CITY-ST-ZIP	
	ith this filian does not qualify for		Section 119 07/3Vi) Florida Stantias I further cartily that the information
11. It hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther 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: 200 / Adam LAZGAUS 305-692-7763			

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE