


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L04000023986 1. Entity Name SATURNIA STABLES, L.L.C. |  |
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|---|---|
| Principal Place of Business 13351 LURAY ROAD FT. LAUDERDALE, FL 33330 | Mailing Address 13351 LURAY ROAD FT. LAUDERDALE, FL 33330 |
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04062007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 20-2546772 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

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|---|
| 6. Name and Address of Current Registered Agent ADRIANI, CHRISTINE L 12323 S.W. 55TH STREET SUITE 1010 FT. LAUDERDALE, FL 33330 |
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IN THIS SPACE**

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 signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ADRIANI, MARIO 12323 S.W. 55TH ST #1010 FORT LAUDERDALE, FL 33330 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ADRIANI, CHRISTINE 12323 S.W. 55TH ST #1010 FORT LAUDERDALE, FL 33330 |
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05/10/07-80015-009 55.00

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

Date

Daytime Phone #

Christine L. Adriani 4.24.07 954.931.7645