2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 30, 2008
Secretary of State

DOCUMENT# L04000060884

Entity Name: SILVER-RUDD STABLES, LLC

Current Principal Place of Business:

4001 NW 130TH AVE
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

4001 NW 130TH AVE
OCALA, FL 34482

New Mailing Address:

FEI Number: 80-0123542 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

DE MERIC, NICK
4001 NW 130TH AVE
OCALA, FL 34482 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: NICK DE MERIC

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SILVER, MORTON
Address: 225 PARK AVENUE SOUTH
City-St-Zip: NEW YORK, NY 10003 US

Title: MGRM ( ) Delete
Name: RUDD, LESLEY G TRUSTEE
Address: 500 OAKVILLE CROSSROAD
City-St-Zip: OAKVILLE, CA 94562 US

Title: MGR ( ) Delete
Name: DE MERIC, NICK
Address: 4001 NW 130TH AVE
City-St-Zip: OCALA, FL 34482

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: NICK DE MERIC MGR 10/30/2008

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