


FILED
Jun 17, 2008 8:00 am
Secretary of State

06-17-2008 90051 010 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000001290			
1. Entity Name ST. GEORGE STABLES, LLC			
Principal Place of Business BAJA CALIFORNIA 200 ST MEXICO CITY, MEXICO, 06760		Mailing Address BAJA CALIFORNIA 200 ST MEXICO CITY, MEXICO, 06760	
2. Principal Place of Business - No P.O. Box # Bosques de Ciruelos 99		3. Mailing Address Bosques de Ciruelos 99	
Suite, Apt. #, etc. Bosques de Las Lomas		Suite, Apt. #, etc. Bosques de Las Lomas	
City & State Mexico City		City & State Mexico City	
Zip 11700	Country Mexico	Zip 11700	Country Mexico
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BURLINGTON, WEIL, SCHWEP, KAPLAN ETAL 2699 S BAYSHORE DR PENTHOUSE MIAMI, FL 33133		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LARREA, GERMAN BAJA CALIFORNIA 200 ST MEXICO CITY, MEXICO, 06760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Larrea, German Bosques de Ciruelos 99, Bosques de Las L Mexico City, Mexico 11700 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: German Larrea		Date: 5/1/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	

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04242008 Chg-LLC CR2E083 (12/06)

4. FEI Number 98-0443587 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required