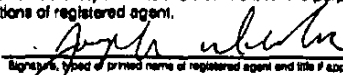
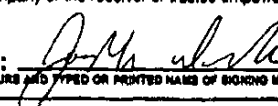


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jun 11, 2007 8:00 am  
Secretary of State

04-19-2007 90036 004 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                 |                                                                                                                                                                                                                                         |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L06000026275</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                 |                                                                                                                                                        |                                                                   |
| 1. Entity Name<br><b>PSM STABLES, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                 |                                                                                                                                                                                                                                         |                                                                   |
| Principal Place of Business<br><b>P.O. BOX 9296<br/>DAYTONA BEACH, FL 32120</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                 | Mailing Address<br><b>P.O. BOX 9296<br/>DAYTONA BEACH, FL 32120</b>                                                                                                                                                                     |                                                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                 | 3. Mailing Address                                                                                                                                                                                                                      |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                 | Suite, Apt. #, etc.                                                                                                                                                                                                                     |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                 | City & State                                                                                                                                                                                                                            |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                                                         | Zip                                                                                                                                                                                                                                     | Country                                                           |
| 4. FEI Number<br><b>20-4479638</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                 | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                  |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                 | \$5.00 Additional Fee Required                                                                                                                                                                                                          |                                                                   |
| 8. Name and Address of Current Registered Agent<br><b>DEROSA, JOSEPH<br/>109 EXECUTIVE CIRCLE<br/>DAYTONA BEACH, FL 32114</b>                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                 | 7. Name and Address of New Registered Agent<br>Name <b>Joseph DeRosa</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>325 Williamson Blvd., Suite # 120</b><br>City <b>Daytona Beach</b> <b>FL</b> Zip Code <b>32114</b> |                                                                   |
| 9. 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                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                 | Joseph DeRosa Manager 6-6-07<br>DATE                                                                                                                                                                                                    |                                                                   |
| Filing Fee is \$55.00<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                 | Make check payable to<br>Florida Department of State                                                                                                                                                                                    |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                 | 10. ADDITIONS/CHANGES                                                                                                                                                                                                                   |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Manager<br>Joseph DeRosa<br>325 Williamson Blvd. Suite # 120<br>Daytona Beach, FL 32114 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Managing Member<br>Sidney Levine<br>325 Williamson Blvd. Suite # 120<br>Daytona Beach, FL 32114 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Managing member<br>Brenda Levine<br>325 Williamson Blvd. Suite # 120<br>Daytona Beach, FL 32114 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Managing member<br>Paula DeRosa<br>325 Williamson Blvd Suite # 120<br>Daytona Beach, FL 32114 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>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 606, Florida Statutes. |                                                                                                                                 |                                                                                                                                                                                                                                         |                                                                   |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                 | Joseph DeRosa Manager (386) 255-0519<br>Date Daytime Phone #                                                                                                                                                                            |                                                                   |

Corrected on 6/6/07

Joseph DeRosa  
Manager