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Aug 20, 2007 8:00 am
Secretary of State

08-06-2007 90056 021 ****50.00

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2nd MOORE CR2E083 (4/07)

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L06000051708

1. Entity Name

RON SPATZ STABLES LLC

Principal Place of Business	Mailing Address
10304 N.W. 5TH STREET PLANTATION FL 33324 US	10304 N.W. 5TH STREET PLANTATION FL 33324 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
CALDER RACE COURSE	21001 N.W. 27th AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. MIAMI, FL.	City & State: MIAMI, FL.
Zip: 33151 Country: U.S.	Zip: 33056 Country: U.S.

4. FEI Number: 59-2563142 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPATZ, RONALD 10304 N.W. 5TH STREET PLANTATION FL 33324	Name: RON SPATZ Street Address (P.O. Box Number is Not Acceptable): 10304 N.W. 5TH ST. City: PLANTATION FL Zip Code: 33324

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SPATZ, RONALD		NAME		
STREET ADDRESS	10304 N.W. 5TH STREET		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33324		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: ______________________ 7/26/07 954 472-4975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #