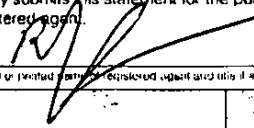
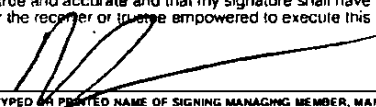


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Aug 20, 2007 8:00 am
Secretary of State

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

DOCUMENT # L06000051708 1. Entity Name RON SPATZ STABLES LLC					
Principal Place of Business 10304 N.W. 5TH STREET PLANTATION FL 33324 US			Mailing Address 10304 N.W. 5TH STREET PLANTATION FL 33324 US		
2. Principal Place of Business - No P.O. Box # CALDERA RACE COURSE Suite, Apt. #, etc.			3. Mailing Address 21001 N.W. 37TH AVE Suite, Apt. #, etc.		
City & State N. Miami, FL		City & State MIAMI, FL		4. FEI Number 59-2563142	
Zip 33151		Country U.S.		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPATZ, RONALD 10304 N.W. 5TH STREET PLANTATION FL 33324				7. Name and Address of New Registered Agent Name Ron Spatz Street Address (P.O. Box Address 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's signature is required when reappointing)					
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 NAME SPATZ, RONALD STREET ADDRESS 10304 N.W. 5TH STREET CITY-ST-ZIP PLANTATION FL 33324			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP 		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP 			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP 		
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TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP 			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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 recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:  DATE 7/26/07 DAYTIME PHONE 954 472-4975 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					