2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

May 12, 2008 08:00 AN Secretary of State DOCUMENT # L06000065811 1. Entity Name SARABEL JOCKEY CLUB LLC Principal Place of Business Mailing Address 65 TARPON LANE 65 TARPON LANE KEY LARGO FL 33037 KEY LARGO FL 33037 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 20-5180611 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TATE, MARK T Street Address (P.O. Box Number is Not Acceptable) 212 S. MAGNOLIA AVE. **TAMPA FL 33606** City Zip Code 6. 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, typed or or need name of registered agent and title if appropriate (NOTE: Registered Apent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$138.75 U00000950837 06/04/08-80007-021 138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE TITLE Delete Change Addition NAME JOHNSTON, WILLIAM H JR. NAME STREET ADDRESS 65 TARPON LANE STREET ADDRESS CITY-ST-ZIP KEY LARGO FL 33037 CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IIIF ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY+ST-Z:P ☐ Delete Change TITLE Addition HAME NAME STREET ADDRESS STHEET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 aim a managing member or manager of the

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imited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE

FILED