2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2009
Secretary of State

DOCUMENT# L06000085587

Entity Name: DOWNS & COUNTY LINE, LLC

Current Principal Place of Business:

19333 COLLINS AVENUE, APT 810
SUNNY ISLE BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

19333 COLLINS AVENUE, APT 810
SUNNY ISLE BEACH, FL 33160

New Mailing Address:

FEI Number: 20-5874449 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ESTER, BENDOIM
19333 COLLINS AVE.
APT.# 810
SUNNY ISLES, FL 33160 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KALICHMAN, NATHAN
Address: 19333 COLLINS AVENUE, APT 810
City-St-Zip: SUNNY ISLE BEACH, FL 33160

Title: PRES ( ) Delete
Name: BENDOIM, ESTER
Address: 19333 COLLINS AVE.
City-St-Zip: SUNNY ISLES, FL 33160

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BENDOIM, ESTER
Address: 19333 COLLINS AVENUE, APT 810
City-St-Zip: SUNNY ISLE BEACH, FL 33160

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ESTER BENDOIM PRES 05/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date