
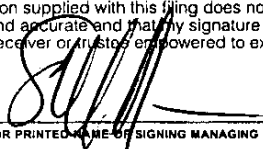


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90306 025 \*\*\*\*50.00

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| DOCUMENT # L06000096123  |  |  |  |  |  |
| 1. Entity Name<br><b>RAINBOW STABLE LLC</b>  |  |  |  |   |  |
| Principal Place of Business<br>C/O KIERZYNSKI & ASSOCIATES CPA, P.A.<br>5143 COMMERCIAL WAY<br>SPRING HILL, FL 34606   |  |  | Mailing Address<br>C/O KIERZYNSKI & ASSOCIATES CPA, P.A.<br>5143 COMMERCIAL WAY<br>SPRING HILL, FL 34606                         |   |  |
| 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  | 01292007    Chg-LLC    CR2E083 (12/06)  |  |
| 4. FEI Number<br><b>APPLIED FOR</b>  |  |  |  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |  | <b>\$5.00</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent  |  |  | 7. Name and Address of New Registered Agent  |   |  |
| KIERZYNSKI, MICHAEL<br>5143 COMMERCIAL WAY<br>SPRING HILL, FL 34606  |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code  |   |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____   |  |  |  |   |  |
| <b>Filing Fee Is \$50.00<br/>Due by May 1, 2007</b>  |  | <b>Make check payable to<br/>Florida Department of State</b> |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>MEDIN, STEFAN<br>TJOLOHOLMSVAGEN 98<br>430 33 FJARAS SWEDEN.    | <input type="checkbox"/> Delete                              |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>MEDIN, CHRISTINA<br>TJOLOHOLMSVAGEN 98<br>430 33 FJARAS SWEDEN. | <input type="checkbox"/> Delete                              |  |   |  |
| 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"/> Delete                              |  |   |  |
| 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"/> Delete                              |  |   |  |
| 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"/> Delete                              |  |   |  |
| 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. |  |  | STEFAN MEDIN <b>230207</b>   |   |  |
| SIGNATURE:    |  |  | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone # |   |  |