

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000026471

FILED
Jan 15, 2009
Secretary of State

Entity Name: STADIUM SPORT HORSES, LLC

Current Principal Place of Business:

332 COSTANERA ROAD
CORAL GABLES, FL 33143

New Principal Place of Business:

12313 EQUINE LANE
WELLINGTON, FL 33414

Current Mailing Address:

1172 S. DIXIE HIGHWAY
454
CORAL GABLES, FL 33146

New Mailing Address:

12313 EQUINE LANE
WELLINGTON, FL 33414

FEI Number: 38-3754105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWELL, RICHARD A
332 COSTANERA ROAD
CORAL GABLES, FL 33143 US

Name and Address of New Registered Agent:

HOWELL, RICHARD A
12313 EQUINE LANE
WELLINGTON, FL 33414 US

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: _____

01/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOWELL, RICHARD A
Address: 332 COSTANERA ROAD
City-St-Zip: CORAL GABLES, FL 33143

Title: MGRM (X) Delete
Name: HOWELL, SUSAN P
Address: 332 COSTANERA ROAD
City-St-Zip: CORAL GABLES, FL 33143

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HOWELL, RICHARD A
Address: 12313 EQUINE LANE
City-St-Zip: WELLINGTON, FL 33414

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: RICHARD HOWELL

MGRM

01/15/2009

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