2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# L08000101481

Entity Name: SPARTAN STABLES LLC.

Current Principal Place of Business:

4029 N. EDGEWATER CIR
LABELLE, FL 33935 US

New Principal Place of Business:

8672 SW HULL AVE
ARCADIA, FL 34266 US

Current Mailing Address:

4029 N. EDGEWATER CIR
LABELLE, FL 33935 US

New Mailing Address:

8172 LIVERPOOL RD
ARCADIA, FL 34269 US

FEI Number: 26-3640499 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BREEN, KIMBERLY L
4029 N. EDGEWATER CIR
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

BREEN, KIMBERLY L
8672 SW HULL AVE
ARCADIA, FL 34266 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: KIMBERLY L. BREEN 01/29/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MILES, MONICA L
Address: 4029 N. EDGEWATER CIR
City-St-Zip: LABELLE, FL 33935 US

Title: MGRM ( ) Delete
Name: BREEN, KIMBERLY L
Address: 4029 N. EDGEWATER CIR
City-St-Zip: LABELLE, FL 33935 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: BREEN, KIMBERLY L
Address: 8172 LIVERPOOL RD
City-St-Zip: ARCADIA, FL 34269 US

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: KIMBERLY L. BREEN MGRM 01/29/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date