


2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 04, 2008 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L95000000642 1. Entity Name DOUBLE C STABLES, L.C. |  |
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| Principal Place of Business 6501 S FLAGLER DR WEST PALM BEACH, FL 33405 | Mailing Address P.O. BOX 299 SEACLIFF, WY 11579 |
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| DO NOT WRITE IN THIS SPACE |
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04012008 No Chg-LLC

CR2E083 (12/07)

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| 4. FEI Number 65-0611403 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CORNACCHIA, JOSEPH 6501 S FLAGLER DRIVE WEST PALM BEACH, FL 33405 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

11000008894299
04/16/08-80003-009 138.75

| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR CORNACCHIA, JOSEPH 6501 S FLAGLER DRIVE WEST PALM BEACH, FL 33405 |
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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.

SIGNATURE:  **4/1/2008** **561 35-3549**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #