2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9500000642

1. Entity Name

DOUBLE C STABLES, L.C.



FILED Feb 28, 2003 8:00 am Secretary of State 02-28-2003 90040 011 ****50.00

Principal Place of Business				Mailing Address											
245 BRAZILIAN AVE. PALM BEACH FL 33480				P.O. BOX 299 SEACLIFF WY 11579								•			
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2. Principal Place of Business				3. Mailing Address											
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES							
City & State				City & State				4. FEI Number 65-0611403						pplied For ot Applicable	
Zip Country				Zip	ntry	5. Certificate of Sta			atus De				5.00 Additional se Required		
6. Name and Address of Current R								7. Name and Address of New Registered Agent							
CORNACCHIA, JOSEPH 245 BRAZILIAN AVENUE PALM BEACH FL 33480						Name Street Address (P.O. Box Number is Not Acceptable)									
						City						F	· FL	Zip Cod	de
8. The above	named entity	submits this statemen	t for the	purpose of changing its	registera	ed office or	registere	diagent or b	oth in	the State	e of Flo	-	_	niliar with	and accept
the obligat	tions of regist	ered agent.		porpose of all all gilling its	rogiotore	34 011100 01	- Cgiotoi Ci	o agont, or b	Ou1, II1	ine otati	J () 1 1 1 0	iliaa. Ta	A111 (CA11	mical with	and accept
SIGNATURE .	Signature broad	or printed name of registered ag	ent and tit	tle if applicable (NOT	E- Sagistoro	d Agent signatu	ro rosuised	vhen reinstating)				DAT			
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				_		ay 1, 2003		t of State							
9.		MANAGING MEM	BERS/	MANAGERS	10.					ADDI7	IONS/	CHANG	ES		
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11. I hereby c	ertify that the	information supplied w	ith this	filing does not qualify for	the even	nntion state	d in Sect	ion 119 07(3)	Vi) Flo	rida Stat	etos I	further	cortific	that the i	eformation

rnereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), 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:

ANAGER, OR AUTHORIZED REPRESENTATIVE