2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

6. Name and Address of Current Registered Agent

DOCUMENT # M04000004386

1. Entity Name

FLYING H THOROUGHBREDS L.L.C.

Principal Place of Business

300 PARK BOULEVARD, SUITE 500 ITASCA, IL 60143

C T CORPORATION SYSTEM

PLANTATION, FL 33324

1200 SOUTH PINE, ISLAND ROAD

Mailing Address

300 PARK BOULEVARD, SUITE 500 ITASCA, IL 60143

FILED Jan 23, 2007 8:00 am Secretary of State

01-23-2007 90055 026 ****50.00

DO NOT WRITE IN THIS SPACE

01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1747246

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the purpose of chanions of registered agent.	nging its registered	d office or registered agent, or both, in the Sta	ate of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	Agent signature required when reinstating)	DATE	
Fi D:	iling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR			
NAME	MAXIMUN SIX, L.L.C.			
STREET ADDRESS	300 PARK BOULEVARD, SUITE 500			
CITY-ST-ZIP	ITASCA, IL 60143			
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NAME				
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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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

January 8, 2007

630-250-9700

Daytime Phone #