2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2008
Secretary of State

DOCUMENT# M06000002700

Entity Name: GODOLPHIN RACING LLC

Current Principal Place of Business:

300 WEST VINE STREET
SUITE 2100
LEXINGTON, KY 405071801

New Principal Place of Business:

Current Mailing Address:

300 WEST VINE STREET
SUITE 2100
LEXINGTON, KY 405071801

New Mailing Address:

FEI Number: 20-4561880 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: NUNNELLEY, RICHARD A
Address: 300 WEST VINE STREET, SUITE 2100
City-St-Zip: LEXINGTON, KY 405071801

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR ( ) Change (X) Addition
Name: BISHOP, WILLIAM T III
Address: 300 WEST VINE STREET, SUITE 2100
City-St-Zip: LEXINGTON, KY 40507

Title: MGR ( ) Change (X) Addition
Name: CRISFORD, SIMON
Address: 300 WEST VINE STREET, SUITE 2100
City-St-Zip: LEXINGTON, KY 40507

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: WILLIAM T. BISHOP III MGR 01/26/2008

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