


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2005 8:00 am
Secretary of State


07-12-2005 90015 044 ****50.00

DOCUMENT # L01000000738	
1. Entity Name CHRYSLIS STABLES, LLC	

Principal Place of Business 31313 NORTHWESTERN HWY. STE. 124 FARMINGTON HILLS MI 48334	Mailing Address 31313 NORTHWESTERN HWY. STE. 124 FARMINGTON HILLS MI 48334
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

20062757



07082005 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3680067	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CLARK, STEPHANIE S 3630 RUM ROW NAPLES, FL 34102		7. Name and Address of New Registered Agent	
		Name SAME	
		Street Address (P.O. Box Number is Not Acceptable) 18445 N.E. 30TH CT.	
		City AVENTURA	Zip Code FL 33160


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  DATE **7/8/05**

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLARK, STEPHANIE S 3630 RUM ROW NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLARK, STEPHANIE S 31313 NORTHWESTERN HWY. STE. 124 FARMINGTON HILLS MI 48334 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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:  DATE **7/8/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #