

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90021 042 ****50.00

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DOCUMENT # L04000002111 1. Entity Name LOBDELL FAMILY STABLES LLC					
Principal Place of Business 1021 HILLSBORO MILE PH8 HILLSBORO BEACH, FL 33062 US			Mailing Address 1021 HILLSBORO MILE PH8 HILLSBORO BEACH, FL 33062 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO BOX 1269 Suite, Apt. #, etc.		01122005 Chg-LLC CR2E083 (10/03)	
City & State 		City & State TRAVERSE CITY MI		4. FEI Number 83-0381982	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 49685		Country USA			
6. Name and Address of Current Registered Agent LOBDELL, WAYNE H 1021 HILLSBORO MILE PH8 HILLSBORO BEACH, FL 33062				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOBDELL, WAYNE H 1021 HILLSBORO MILE PH8 HILLSBORO BEACH, FL 33062 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
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:			04/22/05 231-941-5052		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		