2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006
Secretary of State

DOCUMENT# L05000069314

Entity Name: CHRYSALIDS, LLC

Current Principal Place of Business:

1400 NW 122 ST.
NORTH MIAMI, FL 33167

New Principal Place of Business:

Current Mailing Address:

1400 NW 122 ST.
NORTH MIAMI, FL 33167

New Mailing Address:

FEI Number: 20-4220515 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LESLY JEAN PHILIPPE, MD-MS
1400 NW 122 ST.
NORTH MIAMI, FL 33167 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:	MGRM	( ) Delete
Name:	LESLY JEAN PHILIPPE,, MD-MS	
Address:	1400 NW 122 ST.	
City-St-Zip:	NORTH MIAMI, FL 33167	
Title:	MGRM	( ) Delete
Name:	BERY, PATRICK	
Address:	1400 NW 122 ST.	
City-St-Zip:	NORTH MIAMI, FL 33167	
Title:	MGRM	( ) Delete
Name:	BERY, MAGALIE	
Address:	1400 NW 122 ST.	
City-St-Zip:	NORTH MIAMI, FL 33167	
Title:	MGRM	(X) Delete
Name:	BRICE, YVELANDE	
Address:	138 AVENUE LENINE 93380 PIERREFITTE-SUR-SE	
City-St-Zip:	FRANCE, EUROPE, OC	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LESLY JEAN PHILIPPE MGRM 05/04/2006

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