

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000084898

1. Entity Name
BIRLEY ROAD STABLES, LLC



Principal Place of Business
798 SOUTHWEST MAIN BLVD.
LAKE CITY, FL 32025

Mailing Address

798 SOUTHWEST MAIN BLVD.
LAKE CITY, FL 32025

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MOSES, MICHAEL C
798 SOUTHWEST MAIN BLVD.
LAKE CITY, FL 32025

4. FEI Number <i>20-3379854</i>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
7. Name and Address of New Registered Agent	
Name _____	
Street Address (P.O. Box Number is Not Acceptable) _____	
City _____ 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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

*Filing Fee is \$50.00
Due by May 1, 2006*

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Managing member Michael C. Moses 798 SW main Blvd. Lake City, FL 32025</i>
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
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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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 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

FILED
Feb 16, 2006 8:00 am
Secretary of State

01-20-2006 90047 020 ****50.00

300000617



01122006 Chg-LLC CR2E083 (11/05)

ATTACHMENT

ATTACHMENT



30000617

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2006

BIRLEY ROAD STABLES, LLC
798 SOUTHWEST MAIN BLVD.
LAKE CITY, FL 32025

Subject: **BIRLEY ROAD STABLES, LLC**

Reference Number:

L05000084898

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION