

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90346 037 \*\*\*\*50.00

**60033914**



01242007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L06000016138</b>	
1. Entity Name <b>THE AUTO STABLE OF TAMPA BAY, L.L.C.</b>	

Principal Place of Business <b>2270 SHORE HILL DRIVE WEST BLOOMFIELD, MI 48323</b>	Mailing Address <b>2270 SHORE HILL DRIVE WEST BLOOMFIELD, MI 48323</b>
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2. Principal Place of Business - No P.O. Box # <b>6760 ULMERTON RD</b>	3. Mailing Address <b>6760 ULMERTON RD</b>
Suite, Apt. #, etc. <b>SUITE B</b>	Suite, Apt. #, etc. <b>SUITE B</b>
City & State <b>LARGO</b>	City & State <b>LARGO</b>
Zip <b>33771</b>	Country <b>PINELLAS</b>

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	
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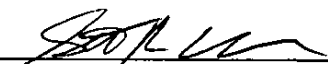
7. Name and Address of New Registered Agent  
Name **SCOTT R. CHAMBERS**  
Street Address (P.O. Box Number is Not Acceptable)  
**6760 ULMERTON RD**  
**UNIT B**  
City **LARGO** **FL** Zip Code **33771**

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  **SCOTT R. CHAMBERS MEMBER** **4/4/07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CHAMBERS, SCOTT R 2270 SHORE HILL DRIVE WEST BLOOMFIELD, MI 48323</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SCOTT R. CHAMBERS 6760 ULMERTON RD, UNIT B LARGO, FL 33771</b> <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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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:**  **MEMBER** **4/4/07** **727 535-4500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #