2006 FOR PROFIT CORPORATION ANNUAL REFORT

SIGNATURE:

ANNUAL REFORT						May 23, 2006 08:00 AM			
DOCUMENT # P9600057468 1. Entity Name						Secret	tary of Stat	e	
LYRIC VILLAGE HOUSING, INC.							4	ghve.	
43°%;	, ,								
Principal Place of Business Mailing Address			7.2		1				
·		555 S OLD WOODWAR	D AVE						
SUITE 1209		SUITE 1209		1					
BIRMINGHAM	1, MI 48009	Birmingham, mi 480	U9			MANA MANA MBAH MBAH MBA	(33 10) 3 111 (231) 314(3 3 113) (3	1100111	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			05192008	Chg-P	CR2E034 (11/05)		
City & State		City & State		4. FEI Numbe 65-0858		} -	plied For t Applicable		
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired	\$8.75 Add		
		A selection and A service	L.,			Address of New R	Fee Require		
<u></u>	6. Name and Address of Current F	tegistered Agent	· · ·	Name .	7. Name and	Address of New R	edistelen våent		
MURPHY, YVETTE ESQ 3250 MARY STREET SUITE 302 COCONUT GROVE, FL 33133				Street Address (P.O. Box Number is Not Acceptable)					
				200et Vádtess	(P.O. BOX NUMBE	IL IS NOC ACCEDISINE	·)		
			_	City			FL Zip Cod	9	
	named entity submits this statement for	the purpose of changing its	s register	ed office or registe	red agent, or bot	h, in the State of Flo	rida. I am familiar with,	and accept	
nue obliĝal	ions of registered agent.								
SIGNATURE.	Signatura, typed or printed name of registered agent a	nd title if applicable. (NO)	E Registere	d Agent signature require	o when reinstating)		DATE		
FILE NOW!!! FEE IS \$550.00 9. Election Campaign Due by September 6, 2006 Trust Fund Contribu				ncing \$5	.00 May Be ded to Fees				
10,	OFFICERS AND I		11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	S (N 11	
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STREET ADDRESS CITY-ST-ZIP			1	EEI AODRESS '-ST-ZIP''					
4	certify that the information conclined with	this filing does not austiful			ed in Chanter 110	Florida Statutee 1	further certify that the	nformation	
indicated.	i on this report or supplemental report is	true and accurate and that	my signa	ture shall have the	same legal effec	t as if made under	oath; that I am an officer	or director	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information . A indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									

FILED

248-593-0778

5/19/06