


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 31, 2004 8:00 am
Secretary of State

08-31-2004 90032 007 ****50.00

DOCUMENT # L01000007769

1. Entity Name
 CONTINENTAL VILLAGE ASSOCIATES, LLC



Principal Place of Business
 280 DAINES STREET, SUITE 300
 BIRMINGHAM, MI 48011

Mailing Address
 280 DAINES STREET, SUITE 300
 BIRMINGHAM, MI 48011

DO NOT WRITE IN THIS SPACE



07022004 No Chg-LLC CR2E083 (10/03)

| | |
|---|--------------------------------|
| 4. FEI Number 38-2477839 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

RINES, MELTON
 15235 SOUTH TAMiami
 FORT MYERS, FL 33908

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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 September 8, 2004

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ZIOTTOFF, PAUL M 280 DAINES STREET BIRMINGHAM, MI 48009 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BUCHANAN, CAMERON 280 DAINES STREET BIRMINGHAM, MI 48009 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BUCHANAN, DEAN 280 DAINES STREET BIRMINGHAM, MI 48009 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: Paul M Zlotoff (248)645-9220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

PAUL M Zlotoff, MGR