

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90048 038 \*\*\*\*50.00

**DOCUMENT # L01000007769**



1. Entity Name  
**CONTINENTAL VILLAGE ASSOCIATES, LLC**

**20019463**



CHECK HERE IF MAKING CHANGES

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

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      **38-2477839**      Applied For  
Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired            **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**RINES, MELTON**  
**15235 SOUTH TAMiami**  
**FORT MYERS FL 33908**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>ZIOTTOFF, PAUL M</b>	
STREET ADDRESS	<b>280 DAINES STREET</b>	
CITY-ST-ZIP	<b>BIRMINGHAM MI 48009</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>BUCHANAN, CAMERON</b>	
STREET ADDRESS	<b>280 DAINES STREET</b>	
CITY-ST-ZIP	<b>BIRMINGHAM MI 48009</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>BUCHANAN, DEAN</b>	
STREET ADDRESS	<b>280 DAINES STREET</b>	
CITY-ST-ZIP	<b>BIRMINGHAM MI 48009</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *[Signature]* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: \_\_\_\_\_ Daytime Phone #: **(248) 645-9220**

CR2E083 (10/02)