


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 24, 2005 8:00 am
Secretary of State

04-29-2005 90056 034 ****50.00

DOCUMENT # L04000003878

1. Entity Name
CLUB INVESTORS, L.L.C.



Principal Place of Business
**36400 WOODWARD AVENUE, SUITE 118
 BLOOMFIELD HILLS, MI 48304**

Mailing Address
**36400 WOODWARD AVENUE, SUITE 118
 BLOOMFIELD HILLS, MI 48304**

30007342



2. Principal Place of Business
 Suite: **222 MERRILL STREET, SUITE 100
 BIRMINGHAM MI 48009-6147**

3. Mailing Address
 Su: **222 MERRILL STREET, SUITE 100
 BIRMINGHAM MI 48009-6147**

City & State: _____
 City: _____

Zip: _____ Country: **USA**

04272005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-2637685

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**INTRASTATE REGISTERED AGENT CORPORATION
 701 BRICKELL AVE., SUITE 3000
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ State: **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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when resigning)

**Filing Fee is \$50.00
 Due by May 1, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Co-Manager	Geoffrey L. Hockman	222 Merrill St., Ste. 100	Birmingham MI 48009	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Co-Manager	Robert D. Falor	8609 W. Bryn Mawr Ave., Ste. 209	Chicago IL 60631	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  **Geoffrey L. Hockman** Date: **04-27-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

248-453-0713