


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90045 004 ****50.00

DOCUMENT # L04000003878	
1. Entity Name CLUB INVESTORS, L.L.C.	

Principal Place of Business 222 MERRILL STREET, SUITE 100 BIRMINGHAM, MI 48009	Mailing Address 222 MERRILL STREET, SUITE 100 BIRMINGHAM, MI 48009
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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04272006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2637685	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE., SUITE 3000 MIAMI, FL 33131	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.

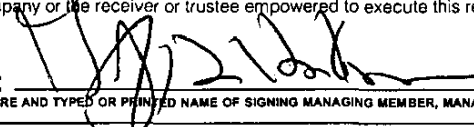
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRC HOCKMAN, GEOFFREY L 222 MERRILL ST, SUITE 100 BIRMINGHAM, MI 48009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRC DIFALOR, ROBERT 8609 W. BRYNMAWR AVE, STE 100 CHICAGO, IL 60631 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	Robert D. Falor <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500 South Dearborn Chicago IL 60605
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
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
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
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

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:  **GEOFFREY L. HOCKMAN** **04-27-06**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date **248-433-0713**