2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State
01-23-2004 90122 048 ****50.00

DOCUMENT # M00000000152

1. Entity Name
RC-3001 GANDY, L.L.C.

Principal Place of Business	Mailing Address
10801 S. SAGINAW STREET, SUITE E GRAND BLANC, MI 48439	10801 S. SAGINAW STREET, SUITE E GRAND BLANC, MI 48439

01072004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
111 E Court Street		P.O. Box 336	
Suite, Apt. #, etc.: 1-A		Suite, Apt. #, etc.	
City & State: Flint MI		City & State: Fenton MI	
Zip: 48502-1647	Country: USA	Zip: 48430	Country: USA

4. FEI Number: 38-3500547 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COLLING, LEE J
500 N. MAITLAND AVENUE SUITE 203
MAITLAND, FL 32751

7. Name and Address of New Registered Agent

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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRAIG, RICHARD W TRUSTEE 10801 S. SAGINAW ST., SUITE E GRAND BLANC, MI 48439	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMAS ZORN, Trustee 111 E Court St. Ste 1-A Flint MI 48502-1647	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Margaret Campbell, Trustee 625 Forest Drive Fenton MI 48430	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

Margaret Campbell, Trustee

SIGNATURE: Margaret Campbell Trustee 1-7-04 810-629-3686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #