2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # M00000000152

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

Principal Place of Business	Mailing Address
111 E. COURT ST. 1-A FLINT, MI 48502	PO BOX 336 FENTON, MI 48430

04202005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

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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 _____
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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ZORN, THOMAS TRUSTEE
STREET ADDRESS	111 E. COURT ST. STE 1-A
CITY-ST-ZIP	FLINT, MI 48502
TITLE	MGR
NAME	CAMPBELL, MARGARET TRUSTEE
STREET ADDRESS	625 FOREST DRIVE.
CITY-ST-ZIP	FENTON, MI 48430
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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04/23/05-80050-002 50.00

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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: MARGARET CAMPBELL Margaret Campbell Trustee 4-20-05 810-629-3686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #