## 2005 LIMITED LIABILITY COMPANY

SIGNATURE:

## Apr 15, 2005 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # M0000001535 -04-15-2005 90019 005 \*\*\*\*50.00 1. Entity Name DAVIS AND BELLINSON, LLC Principal Place of Business Mailing Address 370 EAST MAPLE RD., 3RD FLOOR 370 EAST MAPLE RD., 3RD FLOOR BIRMINGHAM, MI 48009 BIRMINGHAM, MI 48009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02282005 Chg-LLC CR2E083 (10/03) City & State City & State 4 FELNumber Applied For 38-3437512 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RIVERSTONE COMMUNITIES BELLINSON, JAMES Street Address (P.O. Box Number is Not Acceptable) 2121 N.W. 29TH COURT 2121 NW 27TH CT FORT LAUDERDALE, FL 33311 City FT. LAUDERDALE 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) Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Addition TITLE ☐ Delete ☐ Change BELLINSON, JAMES NAME NAME STREET ADDRESS 370 EAST MAPLE RD., 3RD FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BIRMINGHAM, MI 48009 Delete ☐ Addition TITLE ☐ Change TITLE NAME DAVIS, ROBERT S NAME STREET ADDRESS 370 EAST MAPLE RD., 3RD FLOOR STREET ADDRESS CITY-ST-ZIP BIRMINGHAM, MI 48009 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP Change ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-7IP TITLE Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

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