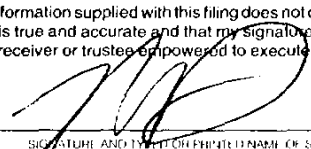


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		RECEIVED MAY 12 1999 11:09													
FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE																	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000000549 WOLVERINE INVESTORS, L.L.C. 31550 NORTHWESTERN HIGHWAY, SUITE 110 FARMINGTON HILLS MI 48334				1a. Principal Place of Business Address 31550 NORTHWESTERN HIGHWAY, FARMINGTON HILLS MI 48334													
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 06/01/1998 3a. State of Formation MI 4. FEI Number 38-3413377 ☐ Applied For ☐ Not Applicable													
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL													
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.																	
SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)				DATE _____													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>PARTRICH, ROSS H</td> <td>31550 NORTHWESTERN HIGHWAY</td> <td>FARMINGTON HILLS MI</td> </tr> <tr> <td>MGRM</td> <td>PARTRICH, SPENCER M</td> <td>31550 NORTHWESTERN HIGHWAY</td> <td>FARMINGTON HILLS MI</td> </tr> </tbody> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGRM	PARTRICH, ROSS H	31550 NORTHWESTERN HIGHWAY	FARMINGTON HILLS MI	MGRM	PARTRICH, SPENCER M	31550 NORTHWESTERN HIGHWAY	FARMINGTON HILLS MI
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1000002789081-2 -02/26/99-01094-007 ****188.75 ****188.75																	
11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.																	
SIGNATURE:  <i>ROSS PARTRICH</i> 2-17-99 248621-0737																	