

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000549

1. Entity Name

WOLVERINE INVESTORS, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 31 AM 8:13

Principal Place of Business

31550 NORTHWESTERN HIGHWAY, SUITE 110
FARMINGTON HILLS MI 48334

Mailing Address

31550 NORTHWESTERN HIGHWAY, SUITE 110
FARMINGTON HILLS MI 48334-2572



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-3413377

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PARTRICH, ROSS H
31550 NORTHWESTERN HIGHWAY, SUITE 110
FARMINGTON HILLS MI 48334**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**600003121636--3
-02/02/00-01108--006
*****50.00 *****50.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PARTRICH, SPENCER M
31550 NORTHWESTERN HIGHWAY, SUITE 110
FARMINGTON HILLS MI 48334**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

SIGNATURE RECEIVED

1/27/00

248526-0737