2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 11, 2004
Secretary of State

DOCUMENT# M98000000549

Entity Name: WOLVERINE INVESTORS, L.L.C.

Current Principal Place of Business:

31200 NORTHWESTERN HWY
FARMINGTON, MI 48334

New Principal Place of Business:

31200 NORTHWESTERN HWY
FARMINGTON HILLS, MI 48334

Current Mailing Address:

31200 NORTHWESTERN HWY
FARMINGTON, MI 48334

New Mailing Address:

31200 NORTHWESTERN HWY
FARMINGTON HILLS, MI 48334

FEI Number: 38-3413377 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: PARTRICH, ROSS H
Address: 31200 NORTHWESTERN HWY
City-St-Zip: FARMINGTON, MI 48334

Title: MGRM ( ) Delete
Name: PARTRICH, SPENCER M
Address: 31550 NORTHWESTERN HIGHWAY, SUITE 110
City-St-Zip: FARMINGTON HILLS, MI 48334

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PARTRICH, ROSS H
Address: 31200 NORTHWESTERN HWY
City-St-Zip: FARMINGTON HILLS, MI 48334

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROSS H. PARTRICH MGRM 08/11/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date