LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000021966

12015 LITTLE RD., LLC

1. Entity Name

48076

 \checkmark

FILED May 13, 2002 8:00 am Secretary of State

05-13-2002 90032 039 ****50.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business
One Towne Square
Suite, Apt. #, etc.
Suite# 1913
City & State
Southfield, Michigan
Zin
Country

3. Mailing Address
One Towne Square
Suite, Apt. #, etc.
Suite, Apt. #, etc.
Suite# 1913
City & State
Southfield, Michigan
Zin
Country
Zin
Country
Zin
Country
Zin
Country

DO NOT WRITE IN THIS SPACE

956161

.

DATE

Applied For

\$5.00 Additional

Not Applicable

DO NOT WRITE IN THIS SPACE

U.S.A.

U.S.A.		3. Certificate of Status Desired	لــا	Fee R	equired		
SET SOF	7. Name and Address of Current Registered Agent						
	Name	CT Corporation System					
	Street	Address (P.O. Box Number is Not Acceptable)			······································		
		1200 South Pine Island Road					
4.0	City	Plantation	F	L Zi	p Code	33324	

30-0017376

4. FÉI Number

5. Certificate of Status Desired

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

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

48076

MANAGING MEMBERS/MANAGERS MGR TITLE NAME Seligman FLP, Inc. NAME : STREET, ADDRESS STREET ADDRESS One Towne Square, Suite# 1913 CITY-ST-ZIP Southfield, MI 48076 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRES STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRES STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

DUE BY MAY 1

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 eath; 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. Scott J. Seligman, President of Seligman FLP, Inc.

4/26/02

248-862-8000