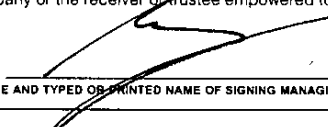


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90033 023 \*\*\*\*50.00

|  |  |  |   |  |                              |
|--|--|--|---|--|------------------------------|
| DOCUMENT # M05000002197  |  |  |   |         |                              |
| 1. Entity Name<br>12015 LITTLE MERGER, LLC   |  |  |   |  |                              |
| Principal Place of Business<br>ONE TOWNE SQUARE, SUITE 1913<br>26100 NORTHWESTERN HIGHWAY<br>SOUTHFIELD, MI 48076  |  |  | Mailing Address<br>ONE TOWNE SQUARE, SUITE 1913<br>26100 NORTHWESTERN HIGHWAY<br>SOUTHFIELD, MI 48076 |  |                              |
| 2. Principal Place of Business   |  | 3. Mailing Address                                   |   |  |                              |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                                  |   |  |                              |
| City & State   |  | City & State   |   | 4. FEI Number<br>30-0017376  |                              |
| Zip  | Country  | Zip  | Country   | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |                              |
| 6. Name and Address of Current Registered Agent<br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324   |  |  | 7. Name and Address of New Registered Agent   |  |                              |
|  |  |  | 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. I am familiar with, and accept the obligations of registered agent.  |  |  |   |  |                              |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |  |   |  |                              |
| Filing Fee is \$50.00<br>Due by May 1, 2006  |  | Make check payable to<br>Florida Department of State |   |  |                              |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES   |  |                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>SELIGMAN FLP, INC<br>26100 NORTHWESTERH HIGHWAY, STE 1913<br>SOUTHFIELD, MI 48076 | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |                              |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:    |  |  | SCOTT J. SELIGMAN   |  | 5/3/06                       |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |  | Date  |  | Daytime Phone # 248 862-8000 |