


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # M05000002197  
 1. Entity Name  
 12015 LITTLE RD., LLC



Principal Place of Business ONE TOWNE SQUARE, SUITE 1913 26100 NORTHWESTERN HIGHWAY SOUTHFIELD, MI 48076	Mailing Address ONE TOWNE SQUARE, SUITE 1913 26100 NORTHWESTERN HIGHWAY SOUTHFIELD, MI 48076
---	---

**DO NOT WRITE IN THIS SPACE**



03142008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 30-0017376	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

B. 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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SELIGMAN FLP, INC 26100 NORTHWESTERH HIGHWAY, STE 1913 SOUTHFIELD, MI 48076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000867255  
 04/08/08-80062-014 138.75

**DO NOT WRITE IN THIS SPACE**

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 President of Manager Date: 3-18-08 Daytime Phone #: (248) 862-8000