2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# F97000005606

Entity Name: G.P. COQUINA COVE, INC.

Current Principal Place of Business:

111 MACK AVENUE
DETROIT, MI 48201

New Principal Place of Business:

TWO TOWNE SQUARE
SUITE 900
SOUTHFIELD, MI 48076

Current Mailing Address:

111 MACK AVENUE
DETROIT, MI 48201

New Mailing Address:

TWO TOWNE SQUARE
SUITE 900
SOUTHFIELD, MI 48076

FEI Number: 65-0792866 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PETER D. CUMMINGS & ASSOCIATES, INC.
3399 PGA BLVD.
SUITE 450
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

PETER D. CUMMINGS & ASSOCIATES, INC.
4801 PGA BLVD.
PALM BEACH GARDENS, FL 33418 US

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: 04/27/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CPT ( ) Delete
Name: CUMMINGS, PETER D
Address: 111 MACK AVENUE
City-St-Zip: DETROIT, MI 48201

Title: VS ( ) Delete
Name: CUMMINGS, KEITH L
Address: 3399 PGA BLVD., STE 450
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP ( ) Delete
Name: DEAN, DAVID A
Address: 3399 PGA BLVD STE 450
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPT (X) Change ( ) Addition
Name: CUMMINGS, PETER D
Address: TWO TOWNE SQUARE, STE. 900
City-St-Zip: SOUTHFIELD, MI 48076

Title: VS (X) Change ( ) Addition
Name: CUMMINGS, KEITH L
Address: 4801 PGA BLVD.
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP (X) Change ( ) Addition
Name: DEAN, DAVID A
Address: 4801 PGA BLVD
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A. DEAN VP 04/27/2007
Electronic Signature of Signing Officer or Director — Date