


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000005985 1. Entity Name T-I REIT, INC.	
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Principal Place of Business ATTN: DENNIS J. HECHT 200 EAST LONG LAKE RD. SUITE 300 BLOOMFIELD HILLS, MI 48303	Mailing Address ATTN: DENNIS J. HECHT 200 EAST LONG LAKE RD. SUITE 300 BLOOMFIELD HILLS, MI 48303
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 38-3495273	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

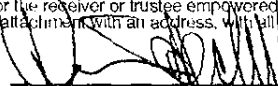
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAYNE, LISA A 200 EAST LONG LAKE ROAD BLOOMFIELD HILLS, MI 48304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAUBMAN, WILLIAM S 200 EAST LONG LAKE ROAD BLOOMFIELD HILLS, MI 48304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HECHT, DENNIS J 200 EAST LONG LAKE ROAD BLOOMFIELD HILLS, MI 48304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, ERIC C 200 EAST LONG LAKE ROAD BLOOMFIELD HILLS, MI 48303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000315702
04/19/05-80045-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Dennis J. Hecht** 4/19/05 248 358 6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #