

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002529

1. Entity Name

CHELSEA PARK HOLDINGS, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC -3 PM 1:59



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

29621 NORTHWESTERN HWY  
SOUTHFIELD MI 48034

29621 NORTHWESTERN HWY  
SOUTHFIELD MI 48034

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOOTH, MARK F  
ROGERS MORRIS & ZIEGLER  
1401 E BROWARD BLVD SUITE 300  
FT LAUDERDALE FL 33301

Name

Street Address (P.O. Box Number is Not Acceptable)

100004719451-8

-12/11/01--01086--013

City

\*\*\*\*\*50.00 FL \*\*\*\*\*50.00

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

Manager  
James A. Russo  
36253 Michigan Avenue NG  
Wayne, MI 48184

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0006621

CR27083-501

STAPLE CHECK HERE