

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 10, 2002 8:00 am
Secretary of State

06-10-2002 90119 023 ****50.00

DOCUMENT # L00000009961
1. Entity Name
Latitude 0, LLC

DO NOT WRITE IN THIS SPACE

968822

2. Principal Place of Business c/o Redico
20500 Civic Center Dr.
Suite, Apt. #, etc.
Suite 3000

3. Mailing Address c/o Redico
20500 Civic Center Dr.
Suite, Apt. #, etc.
Suite 3000

DO NOT WRITE IN THIS SPACE

City & State Southfield, MI
Zip 48037 Country USA

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Zip 48037 Country USA

4. FEI Number 38-3568985 Applied For Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CT Corporation System

Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road

City Plantation FL Zip Code 33324

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

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Susan M. Sosnick 20500 Civic Center Dr., #3000 Southfield, MI 33324
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CR2E083B (12/01)

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: Paul A. Stodulski Agent 5-28-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

PAUL A. STODULSKI