

2002 UNIFORM BUSINESS-REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90138 025 ****50.00

DOCUMENT # L01000002824

1. Entity Name

BIG BEAVER OF FLORIDA DEVELOPMENT, LLC



970524



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3100 WEST BIG BEAVER RD. ATTN: JAMES E. DEFEBAUGH, IV TROY MI 48064	Mailing Address 3100 WEST BIG BEAVER RD. ATTN: JAMES E. DEFEBAUGH, IV TROY MI 48064
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 38-0729500	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

7. Name and Address of New Registered Agent

Name _____

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

City _____ **FL** Zip Code _____

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
MGRM	JAMES E. DEFEBAUGH IV	3100 W. BIG BEAVER ROAD	TROY, MI 48064	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGR	JAMES L. MISPLON	SAME		<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGR	LORRENCE T. KELLAR	SAME		<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGR	ALICE I. BUCKLEY	SAME		<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *James L. Misplon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/9/02
Date

Daytime Phone #

CR2E083 (9/01)