


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 10, 2008 8:00 am**  
**Secretary of State**

06-10-2008 90185 015 \*\*\*150.00

<b>DOCUMENT # L01000002824</b> 1. Entity Name <b>BIG BEAVER OF FLORIDA DEVELOPMENT, LLC</b>					
Principal Place of Business <b>3333 BEVERLY ROAD ANDERSON, IN 46-0179</b>			Mailing Address <b>P.O. BOX 8073 ROYAL OAK, MI 48068</b>		
2. Principal Place of Business - No P.O. Box # <b>3333 BEVERLY RD</b>			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>HOFFMAN ESTATES, IL</b>			City & State		
Zip <b>60179</b>		Country <b>U.S.A.</b>		4. FEI Number <b>38-0729500</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KMAT CORPORATION 3333 BEVERLY ROAD HOFFMAN ESTATES, IL 60179</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE: <i>James L. Misplon</i></b>				<b>JAMES L. MISPLON</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date <b>5/15/08</b> Daytime Phone # <b>248-463-1070</b>	

**50007001**



05122008 Chg-LLC CR2E083 (12/06)