

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000007769

1. Entity Name
CONTINENTAL VILLAGE ASSOCIATES, LLC



Principal Place of Business
280 DAINES STREET, SUITE 300
BIRMINGHAM, MI 48011

Mailing Address
280 DAINES STREET, SUITE 300
BIRMINGHAM, MI 48011



01052005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-2477839

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RINES, MELTON
15235 SOUTH TAMiami
FORT MYERS, FL 33908

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

U000000256015
03/08/05-80037-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
ZIOFF, PAUL M
280 DAINES STREET
BIRMINGHAM, MI 48009

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
BUCHANAN, CAMERON
280 DAINES STREET
BIRMINGHAM, MI 48009

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
BUCHANAN, DEAN
280 DAINES STREET
BIRMINGHAM, MI 48009

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

11. 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 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: _____

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

Date

Daytime Phone #

PAUL M Zioff 3/3/05 248-645-9220