2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam		0021963			BIVIS	CRETARY OF STATI	เ เอ็หร รร ์	VAG	126
Principal Plac ONE TOWNE SOUTHFIELD	e of Business SOUARE. STE. 1913 MI 48076	Mailing Address ONE TOWNE SQUARE. STE. 1913 SOUTHFIELD MI 48076			SEP 25 AM 10:		IS: 11818 18118	811 88 3113 1 88)	
2. Principal P	lace of Business	3. Mailing Address				Milgel bil obiol išoši obili zolil d	10114 00110 11 4	IOL 41010 1012D	4 () 40 () 11 (12 ()
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Nur	nber 30-0017392			plied For t Applicable	
Zip	Country	Zip	Coun	itry	5. Certifica	ate of Status Desired		5.00 Add	
	6. Name and Address of Current	Registered Agent			7. Name a	nd Address of New Regi	stered Ag	ent	
C T COR	PORATION SYSTEM			Name					
1200 SO	UTH PINE ISLAND ROAD		Street Address (P.O. Box Number is Not Acceptable)			
PLANTAT	10N FL 33324								
£				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. 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									
\$0.00 FILE NOW!!! FEE IS \$50.00									
	40.00	Make Check Payabl			ment of State	00023340 0030107200	092	O	ĺ
		Due By	Septe	mber 24, 200	09/29	 /030107200	33 **	50.00	1
9.	MANAGING MEMBE	 RS/MANAGERS	10.			ADDITIONS/CH	IANGES		
TITLE		☐ Delete	TITLE	<u> </u>		<u> </u>		Change	Addition
NAME	SELIGMAN FLP, INC	,	NAM	E					
STREET ADDRESS	ONE TOWNE SQUARE STE 1913 SOUTHFIELD MI 48076)		ET ADDRESS					
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TITLE NAME		☐ Delete	TITLE				L	Change	☐ Addition
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	partify that the information avantical with	this filing does not qualify for		-ST-ZIP	Section 119.07/	2)/i) Florida Statutas 15	thor cartif	that the :-	formation
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 employees to execute this report as required by Chapter 608, Florida Statutes.									

SIGNATURE: Scott II I Seliginan President Of Manager 9/24/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Phone