LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

L01000021969

1. Entity Name

DOCUMENT#

2390 BELCHER RD., LLC

FILED May 13, 2002 8:00 am Secretary of State

05-13-2002 90032 037 ****50.00

956163

	DO NOT WRIT	E IN THIS S	SPACE		9 9 D I D D
Principal Place of Business One Towne Square		3. Mailing Address One Towne S	Square		
Suite, Apt. #, etc. Suite# 1913		Suite, Apt. #, etc. Suite# 1913		DO NOT WRITE IN THIS SPACE	
City & State Southfield, Michigan		City & State Southfield, Michigan		4. FEI Number 38-3640099	Applied For Not Applicable
Zip 48076	Country U.S.A.	Zip 48076	Country U.S.A.	5. Certificate of Status Desired	S5.00 Additional Fee Required
	DO NOT	WRITE	Name Street Address	7. Name and Address of Current I CT Corporation System (P.O. Box Number is Not Acceptable))
	IN THIS S	PACE	City	1200 South Pine Island Plantation	Road FL Zip Code 33324
IGNATURE	NA		its registered office or regist	ered agent, or both, in the State of Flor	
	Signature, typed or printed name of registered a	and the second second	FEE IS \$50.00 Payable to Department DUE BY MAY 1	of State	DATE
	MANAGING MEI	MBERS/MANAGERS	TITLE STATE OF THE		
TLE AME TREET ADDRESS ITY-ST-ZIP	Seligman FLP, Inc. One Towne Square, Suite# Southfield, Mi 48076	1913	NAME STREET ADDRESS CITY ST-ZIP		
TLE AME . Ireet address Ity-S1-ZIP			TITLE NAME STREET ADDRESS CITY ST ZIP		
TLE AME TREET ADDRESS TY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT V	WRITE
TLE AME REET ADDRESS TY-ST-ZIP			TITLE NAME STREET ADDRESS ON THE STREET ADDR	IN THIS S	PACE
TLE AME REET ADDRESS TY-ST-ZIP			NAME SIREET ADDRESS CITY_ST-ZIP		
TLE ME REET ADDRESS TY-ST-ZIP			TITLE NAME S STREET ADDRESS CITY ST. ZIP		

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 Scott J. Seligman, President of Seligman FLP, Inc.

4/26/02

248-862-8000