2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000021969

2390 BELCHER RD., LLC



FILED Apr 27, 2004 08:00 AM Secretary of State

Principal Place of Business

ONE TOWNE SQUARE, STE. 1913 SOUTHFIELD, MI 48076

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04202004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 38-3640099

Applied For Not Applicable

5. Certificate of Status Desired

\$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

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8. The above the obligat	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or both, in the Sta	ate of Florida. I am familiar with, and accept
SIGNATURE_	Signature, synod or primed name of registered agont and title if applicable.	(NOTE. Registered Agent signature required when ternstating)	CATE
Fi D	iling Fee is \$50.00 ue by May 1, 2004		0000132917 204-80067-005 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADORESS CITY-ST-ZIP	MGR SELIGMAN FLP, INC. ONE TOWNE SQUARE, SUITE #1913 SOUTHFIELD, MI 48076		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	T WRITE
TUTLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE
TITLE NAME STREET ADDRESS CHY-SY-ZIP			
TITLE NAME STREET ADDRESS			

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: SIGNATURE AND TYPED O

CITY-ST-ZIP

PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE