


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000007722 1. Entity Name YELLOW BLUFF GROUP LLC	
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Principal Place of Business 45000 RIVER RIDGE DRIVE SUITE 200 CLINTON TOWNSHIP, MI 48038 US	Mailing Address 45000 RIVER RIDGE DRIVE SUITE 200 CLINTON TOWNSHIP, MI 48038 US
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 43-1955085	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

**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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEGGET, STEPHEN M 4500 RIVER RIDGE DRIVE, SUITE 200 CLINTON TOWNSHIP, MI 48038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GROSSE, DOUGLAS B 4500 RIVER RIDGE DRIVE, SUITE 200 CLINTON TOWNSHIP, MI 48038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBSON, JOHN T 4500 RIVER RIDGE DRIVE, SUITE 200 CLINTON TOWNSHIP, MI 48038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CATENACCI, CARLO J 4500 RIVER RIDGE DRIVE, SUITE 200 CLINTON TOWNSHIP, MI 48038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CATENACCI, MICHAEL J 4500 RIVER RIDGE DRIVE, SUITE 200 CLINTON TOWNSHIP, MI 48038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CATENACCI, JOSEPH E 4500 RIVER RIDGE DRIVE, SUITE 200 CLINTON TOWNSHIP, MI 48038

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01/20/US-80040-008 50.00

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:  **Member** **1/4/05** **586-416-4500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #