

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000016070

1. Entity Name
YELLOW BLUFF NORTH LLC



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



01192004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0092094

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

**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, 2004

U00000167913
07/23/04-80001-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME LEGGET, STEPHEN M
STREET ADDRESS 45000 RIVER RIDGE DRIVE, SUITE 200
CITY-ST-ZIP CLINTON TOWNSHIP, MI 48038

TITLE MGR
NAME DONOHOE, MICHAEL F
STREET ADDRESS 45000 RIVER RIDGE DRIVE, SUITE 200
CITY-ST-ZIP CLINTON TOWNSHIP, MI 48038

TITLE MGR
NAME ROBSON, JOHN T
STREET ADDRESS 45000 RIVER RIDGE DRIVE, SUITE 200
CITY-ST-ZIP CLINTON TOWNSHIP, MI 48038

TITLE MGR
NAME CATENACCI, CARLO J
STREET ADDRESS 45000 RIVER RIDGE DRIVE, SUITE 200
CITY-ST-ZIP CLINTON TOWNSHIP, MI 48038

TITLE MGR
NAME CATENACCI, MICHAEL J
STREET ADDRESS 45000 RIVER RIDGE DRIVE, SUITE 200
CITY-ST-ZIP CLINTON TOWNSHIP, MI 48038

TITLE MGR
NAME CATENACCI, JOSEPH E
STREET ADDRESS 45000 RIVER RIDGE DRIVE, SUITE 200
CITY-ST-ZIP CLINTON TOWNSHIP, MI 48038

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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

John T. Robson, Manager

2/2/04

Date

586-416-4500

Daytime Phone #