

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90061 044 ****50.00

DOCUMENT # L02000031338

1. Entity Name
VRBB PARTNERS, LLC



Principal Place of Business
**801 NE 167TH STREET STE. 302
NORTH MIAMI BEACH FL 33162**

Mailing Address
**801 NE 167TH STREET STE. 302
NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business

3. Mailing Address

36150 DEQUINDRE,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 610

City & State

City & State

STERLING HILLS, MI

Zip

Country

Zip

Country

48310

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAVAGE, CRAIG D
801 NE 167TH STREET STE. 302
NORTH MIAMI BEACH FL 33162**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**MEMBER (MBRM)
JOHN W. BURCHAM II
6929 DOBBS WAY
WEST BLOOMFIELD MI 48322**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
**MEMBER (MBRM)
CRAIG A. VANDERBURG
4764 OLD ORCHARD TRAIL
ORCHARD LAKE, MI 48384**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**MEMBER (MBRM)
JAMES A. RUSSO
36253 MICHIGAN AVE
WAYNE, MI 48184**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

DONOVAN J. MILLER, CFO 1/31/03 586-977-7930

CR2E083 (10/02)

ATTACHMENT

20021504

Form **SS-4****Application for Employer Identification Number**

(Rev. December 2001)

Department of the Treasury
Internal Revenue Service(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested VRBB PARTNERS, LLC <u>602000031338</u>		
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. Box) 36150 DEQUINDRE, SUITE 610		5a Street address (if different) (Do not enter a P.O. box.) 801 NE 167TH STREET, SUITE 302
	4b City, state and ZIP code STERLING HEIGHTS MI 48310		5b City, state, and ZIP code NORTH MIAMI BEACH, FL 33162
	6 County and state where principal business is located DADE COUNTY, FL		
	7a Name of principal officer, general partner, grantor, owner, or trustor JOHN W. BURCHAM		7b SSN, ITIN, or EIN 385-64-3986

8a Type of entity (check only one box)		<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Group Exemption Number (GEN) ▶	
<input type="checkbox"/> Sole proprietor (SSN) <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶		<input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal governments/enterprises	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
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9 Reason for applying (check only one box)		<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶	
<input checked="" type="checkbox"/> Started new business (specify type) ▶ <u>AIRPLANE RENTAL</u> <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶			

10 Date business started or acquired (month, day, year) 11-21-02	11 Closing month of accounting year DECEMBER
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12 First date wages or annuities were paid or will be paid (month, day, year). <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ▶ 07/01/03			
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13 Highest number of employees expected in the next 12 months. <i>Note: If the applicant does not expect to have employees during the period, enter "-0-."</i> ▶	Agricultural	Household	Other
	0	0	2

14 Check one box that best describes the principal activity of your business.		<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale - agent/broker <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale - other <input type="checkbox"/> Retail	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Rental & leasing <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify)			

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. LEASE OF AIRPLANE	
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16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note: If "yes," please complete lines 16b and 16c.</i>	
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶	
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN	

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code)
	Address and ZIP code	Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code)
Name and title (type or print clearly) ▶ DONOVAN J. MILLER, CFO		586-977-7930
Signature ▶ <i>Donovan Miller</i> Date ▶ 01-25-03		Applicant's fax number (include area code)
		586-977-7945

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **SS-4** (Rev. 12-2001)