2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Jan 08, 2007 08:00 AM DOCUMENT # L03000001983 **Secretary of State** CHOPESHAW L.L.C. Principal Place of Business Mailing Address **8048 SUMMER BREEZE 8048 SUMMER BREEZE** SPRING HILL, FL 34606 SPRING HILL, FL 34606 01042007 No Cha-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 06-1694681 Not Applicable \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent SHAW, ROBERT P DO NOT WRITE 8048 SUMMER BREEZE SPRING HILL, FL 34606 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 (f.OTE: Registered Apert signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 U00000578644 01/09/07~80037-016 50.00 9. MANAGING MEMBERS/MANAGERS IIII F NAME CHOPE, RONALD D STREET ADDRESS 6750 DONALDSON CITY-ST-ZIP TROY, MI 48085 VP HILE NAME CHOPE, MATTHEW E STREET ADDRESS 29259 STILLWATER CHY-SI-ZIP FARMINGTON, MI 48334 HILE SHAW, ROBERT P NAME STREET ADDRESS 8048 SUMMER BREEZE DO NOT WRITE CITY-ST-ZIP SPRING HILL, FL 34606 IN THIS SPACE STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 cath; 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:

SIRLEI ADDRESS CUY-SI-7IP

ROBERT P. SHAW 1-4-07 584-9902