

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000001983

1. Entity Name
CHOPESHAW L.L.C.



Principal Place of Business
**8048 SUMMER BREEZE
SPRING HILL, FL 34606**

Mailing Address
**8048 SUMMER BREEZE
SPRING HILL, FL 34606**



03242008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1694681	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHAW, ROBERT P
8048 SUMMER BREEZE
SPRING HILL, FL 34606**

**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)

00000008 PAF49

04/10/08-80005-021 138.75

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	CHOPE, RONALD D
STREET ADDRESS	6750 DONALDSON
CITY-ST-ZIP	TROY, MI 48085
TITLE	VP
NAME	CHOPE, MATTHEW E
STREET ADDRESS	29259 STILLWATER
CITY-ST-ZIP	FARMINGTON, MI 48334
TITLE	T
NAME	SHAW, ROBERT P
STREET ADDRESS	8048 SUMMER BREEZE
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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

Date

Daytime Phone #

Robert P. Shaw **ROBERT P. SHAW** 3-24-08 584-9902