

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90239 017 ****50.00

DOCUMENT # L03000006182

1. Entity Name
LJK PROPERTIES, L.L.C.



Principal Place of Business
28231 PARK HILL FARMINGTON HILLS
MICHIGAN, 48 334

Mailing Address
28231 PARK HILL FARMINGTON HILLS
MICHIGAN, 48 334



2. Principal Place of Business
28231 PARK HILL
Suite, Apt. #, etc.

3. Mailing Address
28231 PARK HILL
Suite, Apt. #, etc.

03292004 Chg-LLC CR2E083 (10/03)

City & State
FARMINGTON HILLS, MI
Zip
48334 Country
USA

City & State
FARMINGTON HILLS, MI
Zip
48334 Country
USA

4. FEI Number
38-3686691 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RITCHIE, DAVID
12435 COLLIER BOULEVARD, SUITE 106
NAPLES, FL 34116

7. Name and Address of New Registered Agent

Name
Perry James
Street Address (P.O. Box Number is Not Acceptable)
3727 Enterprise Ave.
City
Naples, FL Zip Code
34104

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: *Perry James President, Sentry Property Management Service* DATE: *5/15/04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2004

Fed ID# 59-3705990

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LOIS J. KELLY
28231 PARK HILL
FARM. HILLS, MI 48334 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

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☐ 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: *Lois J. Kelly* DATE: *4/20/04* (248) 553-2610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE