

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000006331

FILED
Jun 03, 2005
Secretary of State

Entity Name: POSITANO HOLDINGS, LLC

Current Principal Place of Business:

1401 MANATEE AVENUE
SUITE 500
BRADENTON, FL 34205

New Principal Place of Business:

Current Mailing Address:

390 PARK STREET
SUITE 100
BIRMINGHAM, MI 48009

New Mailing Address:

FEI Number: 51-0448504 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MORRIS, TIMOTHY J
328 S. SHORE DRIVE
SARASOTA, FL 34234 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MORRIS, TIMOTHY J
Address: 1401 MANATEE AVENUE, SUITE 500
City-St-Zip: BRADENTON, FL 34009

Title: MGRM () Delete
Name: GRAVELY, JEFFREY D
Address: 1401 MANATEE AVENUE, SUITE 500
City-St-Zip: BRADENTON, FL 34205

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LBK DEVELOPMENT PART, NERS, LLC
Address: 390 PARK STREET SUITE 100
City-St-Zip: BIRMINGHAM, MI 48009

Title: MGRM (X) Change () Addition
Name: PARK PLACE DEVELOPER, S, LLC
Address: 7518 ALBERT TILLINGHAST DR.
City-St-Zip: SARASOTA, FL 34240

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TIMOTHY J. MORRIS

MGRM

06/03/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date