
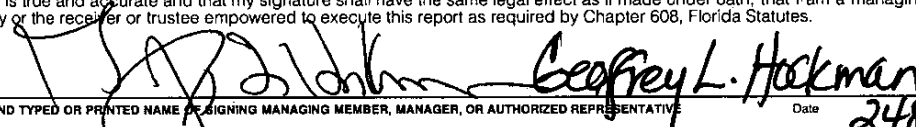


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90056 032 ****50.00

DOCUMENT # L03000022300 1. Entity Name MELBOURNE HOTEL INVESTORS, L.L.C.					
Principal Place of Business 36400 WOODWARD AVE, STE 118 BLOOMFIELD HILLS, MI 48304			Mailing Address 36400 WOODWARD AVE, STE 118 BLOOMFIELD HILLS, MI 48304		
2. Principal Place of Business Si 222 MERRILL STREET, SUITE 100 BIRMINGHAM MI 48009-6147 C. _____			3. Mailing Address 222 MERRILL STREET, SUITE 100 BIRMINGHAM MI 48009-6147		
Zip _____ Country USA		Zip _____ Country USA		4. FEI Number 20-0233084 / <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04272005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENTS CORP. 701 BRICKELL AVE, STE 3000 MIAMI, FL 33131				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MELBOURNE HOTEL MANAGER, LLC 36400 WOODWARD AVE, STE 118 BLOOMFIELD HILLS, MI 48304	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	222 MERRILL STREET, SUITE 100 BIRMINGHAM MI 48009-6147	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  Geoffrey L. Hockman 04-27-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 248-433-0713					