2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050075

1961 SULLIVAN DRIVE

HARRISON, MI 48625 US

Address:

City-St-Zip:

Entity Name: SOUTHEAST BROACH PROPERTY, LLC

FILED Jan 27, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1420 NORTH WEST 65TH AVENUE PLANTATION, FL 33313 US **Current Mailing Address: New Mailing Address:** C/O ROBERT M. MARTIN 1112 WENDROW WAY MT. PLEASANT, MI 48858 US FEI Number: 20-0449380 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MANIFOLD, JOSEPH W BITTING, LESLIE E 1420 NORTH WEST 65TH AVENUE 1420 NORTH WEST 65TH AVENUE PLANTATION, FL 33313 PLANTATION, FL 33313 US 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: LESLIE E. BITTING, JR. 01/27/2005 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete WILLIAM L. MARTIN FA, MILY LIMITED P A RTNERSH Name: Name: 1961 SULLIVAN DRIVE Address: Address: City-St-Zip: HARRISON, MI 48625 US City-St-Zip: Title: MGRM Title: () Delete () Change () Addition KDM LLC, Name: Name: Address: 1961 SULLIVAN DRIVE Address: City-St-Zip: HARRISON, MI 48625 US City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition LAMBERT, KRISTEN Name: Name: 1961 SULLIVAN DRIVE Address: Address: City-St-Zip: HARRISON, MI 48625 City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition Name: ROOP, JENNIFER Name: 1961 SULLIVAN DRIVE Address: Address: City-St-Zip: HARRISON, MI 48625 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MANIFOLD, JOSEPH W Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: W. JOSEPH MANIFOLD MGRM 01/27/2005