
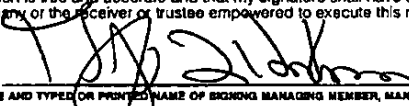


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

May 24, 2005 8:00 am
Secretary of State

04-29-2005 90056 034 ****50.00

| | | | |
|---|---------------------------------|---|--|
| DOCUMENT # L04000003878 | |  | |
| 1. Entity Name CLUB INVESTORS, L.L.C. | | | |
| Principal Place of Business 36400 WOODWARD AVENUE, SUITE 118 BLOOMFIELD HILLS, MI 48304 | | Mailing Address 36400 WOODWARD AVENUE, SUITE 118 BLOOMFIELD HILLS, MI 48304 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, 222 MERRILL STREET, SUITE 100 BIRMINGHAM MI 48009-6147 | | Su 222 MERRILL STREET, SUITE 100 BIRMINGHAM MI 48009-6147 | |
| City & | | City | |
| Zip | | Zip | |
| Country USA | | Country USA | |
| 4. FEI Number 20-2637685 | | 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 | | 7. Name and Address of New Registered Agent | |
| INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE., SUITE 3000 MIAMI, FL 33131 | | 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 reappointing) 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 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
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| 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 04-27-05 248-453-0713 | |

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04272005 Chg-LLC CR2E083 (10/03)