2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 18, 2005 8:00 am Secretary of State

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DOCUMENT # L04000025447 1. Entity Name WOLVERINE CONSTRUCTORS I, LLC								02-18-2005	90133	014 ****55	5.00
Principal Plac	ce of Business		Mailing Address								
410 WARE BLVD, STE -1 TAMPA, FL 33619			410 WARE BLVD, STE -1 TAMPA, FL 33619				20012412				
										<u> </u>	
2. Principal Place of Business 9942 Currie Javist			3. Mailing Address 9942 Currie Davis In			{ 					
Suite, Apt.			Suite, Apt. #, etc.				02102005	Chg-LLC	CR2	E083 (10/03)	2. IE
City & Stat			City & State	FL		4. FEI Number 37-1.		1503113			oplied For of Applicable
Zip	Count		Zip	Count				of Status Desired	53	\$5.00 Add	ditional
3381		S.A	33813	<u> </u>	A Z					Fee Require	
	6. Name and Add	dress of Current R	legistered Agent		Name		7. Name and	d Address of New I	Registere	d Agent	
SIVYER, N	NFAL				Name	·					
	HLEY DR, STE 21	150			Street Address (P.O. Box Number is Not Acceptable)						
				Į							
					City				F	_	
8. The above the obligat	named entity submits tions of registered age	this statement for ent.	the purpose of changing its	registere	d office o	r registere	ed agent, or bo	oth, in the State of FI	orida. I a	m familiar with,	and accept
SIGNATURE .											
	Signature, typed or printed no	ame of registered agent an	nd title if applicable. (NOTE:	: Registered	Agent signat	ure required	when reinstating)		DATE		
	Signature, typed or printed no	ame of registered agent ar	nd title if applicable. (NOTE	: Registered	d Agent signat	ure required	when reinstating)		DATE		
Fi	Signature, typed or printed in Illing Fee is \$50. ue by May 1, 20	00	nd title if applicable. (NOTE	: Registered	d Agent signat	ure required	when reinstaling)		ke check	payable to	e
Fi	lling Fee is \$50. ue by May 1, 20	00		: Registered	d Agent signat	ure required	when reinstaling)	Florid	ke check a Depart	payable to ment of State	e
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11. Thereby 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:	Calarielo	Bom. GABRIELA	NAD	2-11-2005 (313)442-	120)
		MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Da	ate Dayime Phone #	`

ATTACHMENT 26012412

February 10, 2005

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: Certificate of Good-Standing for Wolverine Constructors I, LLC

Dear Madam/Sir:

We are hereby applying for a Certificate of Good Standing for the above entity, assigned document number £04000025447.

Enclosed is the required fee of \$5.00.

Please mail the Certificate to Walbridge Aldinger Company, 613 Abbott Street, Detroit, MI 48226, Attn.: Gabriela Ban.

If you have questions, please call me at (313) 442-1202.

Gabriela Ban

Wolverine Constructors I, LLC