



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-18-2005 90133 014 ****55.00

DOCUMENT # L04000025447 1. Entity Name WOLVERINE CONSTRUCTORS I, LLC					
Principal Place of Business 410 WARE BLVD, STE -1 TAMPA, FL 33619				Mailing Address 410 WARE BLVD, STE -1 TAMPA, FL 33619	
2. Principal Place of Business 9942 Currie Davis Jr. Suite, Apt. #, etc. H-1 City & State TAMPA FL Zip 33813 Country U.S.A		3. Mailing Address 9942 Currie Davis Jr. Suite, Apt. #, etc. H-1 City & State TAMPA FL Zip 33813 Country U.S.A		20012412 	
4. FEI Number 37-1503113				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				02102005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent SIVYER, NEAL 100 S ASHLEY DR, STE 2150 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 WALBRIDGE ALDINGER COMPANY <input checked="" type="checkbox"/> Delete 410 WARE BLVD TAMPA, FL 33619		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WALBRIDGE ALDINGER COMPANY 9942 Currie Davis Jr. TAMPA, FL 33813	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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: <u>Gabriela Ban</u> GABRIELA BAN 2-11-2005 (313) 442-1202 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

ATTACHMENT

200/24/2

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.

Sincerely,



Gabriela Ban
Wolverine Constructors I, LLC