## 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

## DOCUMENT# L04000039320

**Current Principal Place of Business:** 

1100 CLEARWATER

PRZYSTUP, JOHN

1318 BABLON

MGR

MGR

KEY, TOM

WHITE LAKE, MI 48386 US

WHITE LAKE, MI 48386 US

14083 LANDINGS WAY

FENTON, MI 48430 US

6492 WATERS EDGE WAY

CLARKSTON, MI 48346 US

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DAVID WILLIAM STEFFE, S LIVING TRUST

Address:

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address: City-St-Zip:

Name:

Address:

City-St-Zip:

City-St-Zip:

97501 OVERSEAS HWY

Entity Name: SINCLAIR MICHIGAN GROUP, LLC

FILED Dec 13, 2005 Secretary of State

**New Principal Place of Business:** 

6 FISHERMANS TRAIL

#709 KEY LARGO, FL 33037			KEY LARG	KEY LARGO, FL 33037			
Current Mailing Address:			New Maili	New Mailing Address:			
97501 OVERSEAS HWY #709 KEY LARGO, FL 33037				6 FISHERMANS TRAIL KEY LARGO, FL 33037			
FEI Number:	05-0605463	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired (X)		
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
SINCLAIR, JOHN A 97501 OVERSEAS HWY #709 KEY LARGO, FL 33037 US			6 FISHERI	SINCLAIR, JOHN A 6 FISHERMANS TRAIL KEY LARGO, FL 33037 US			
The above in the State		submits this statement for the p	urpose of changing i	its registered	office or registered agent, or both	١,	
SIGNATUR	RE:			12/13/2005			
	Electro	nic Signature of Registered Age	nt		Date	_	
MANAGING I	MEMBERS/MAN	AGERS:	ADDITIONS/	ADDITIONS/CHANGES:			
Title: Name: Address: City-St-Zip:	SINCLAIR, JO	SEAS HWY #709	Title: Name: Address: City-St-Zip:	SINCLAIR, JO 6 FISHERMAN	IS TRAIL		
Title: Name: Address: City-St-Zip:	MGR ( NIEC, DENNIS 16149 SILVER FENTON, MI	RSHORE	Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
Title: Name:	MGR ( HITTINGER, F	) Delete OBERT	Title: Name:	(	) Change ( ) Addition		

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

Address:

Title:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

City-St-Zip:

() Change () Addition

() Change () Addition

() Change () Addition

SIGNATURE: JOHN A SINCLAIR MGR 12/13/2005

or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.