2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2006
Secretary of State

DOCUMENT# L04000039320

Entity Name: SINCLAIR MICHIGAN GROUP, LLC

Current Principal Place of Business:

6 FISHERMANS TRAIL
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

6 FISHERMANS TRAIL
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 05-0605463 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SINCLAIR, JOHN A
6 FISHERMANS TRAIL
KEY LARGO, FL 33037 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	SINCLAIR, JOHN A	
Address:	6 FISHERMANS TRAIL	
City-St-Zip:	KEY LARGO, FL 33037 US	
Title:	MGR	( ) Delete
Name:	NIEC, DENNIS	
Address:	16149 SILVER SHORE	
City-St-Zip:	FENTON, MI 48430 US	
Title:	MGR	( ) Delete
Name:	HITTINGER, ROBERT	
Address:	1100 CLEARWATER	
City-St-Zip:	WHITE LAKE, MI 48386 US	
Title:	MGR	( ) Delete
Name:	PRZYSTUP, JOHN	
Address:	1318 BABLON	
City-St-Zip:	WHITE LAKE, MI 48386 US	
Title:	MGR	( ) Delete
Name:	KEY, TOM	
Address:	14083 LANDINGS WAY	
City-St-Zip:	FENTON, MI 48430 US	
Title:	MGR	( ) Delete
Name:	DAVID WILLIAM STEFFE, S LIVING TRUST	
Address:	6492 WATERS EDGE WAY	
City-St-Zip:	CLARKSTON, MI 48346 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

SIGNATURE: JOHN A SINCLAIR MGR 07/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date