

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039320

FILED
Apr 30, 2007
Secretary of State

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 ()

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 (X) Delete
Name: HITTINGER, ROBERT
Address: 1100 CLEARWATER
City-St-Zip: WHITE LAKE, MI 48386 US

Title: MGR (X) Delete
Name: PRZYSTUP, JOHN
Address: 1318 BABLON
City-St-Zip: WHITE LAKE, MI 48386 US

Title: MGR (X) Delete
Name: KEY, TOM
Address: 7615 TRILLIUM BLVD
City-St-Zip: SARASOTA, FL 34241 US

Title: MGR (X) 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: MGR (X) Change () Addition
Name: DAVID WILLIAM STEFFE, S LIVING TRUST
Address: 6492 WATERS EDGE WAY
City-St-Zip: CLARKSTON, MI 48346 US

Title: () Change () Addition
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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 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

04/30/2007

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