MAR-11-2005 00:14 FROM: TO:19549748262 P.1/1

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

2/2/2005-90154-023 $50.00 $50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 14 AM 10:38

DOCUMENT # L04000049089

1. Entity Name
DETROIT PLAZA INVESTMENTS LLC

Principal Place of Business	Mailing Address
111 CADILLAC SQUARE UNIT #300 DETROIT MI 48226 US	111 CADILLAC SQUARE UNIT #300 DETROIT MI 48226 US

1st MOORE CR2E083 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 01-0817185 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REGAS, LAURIE R
~~6300 NW 12TH AVENUE~~ 20 S/W 27th AVE
~~SUITE 101~~ SUITE 101
~~FORT LAUDERDALE FL 33309~~
POMPANO BEACH 33069

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PECCHIA, GERARDO 111 CADILLAC SQUARE, UNIT #300 DETROIT MI 48226	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUFF, CHERYL 714 PARKER STREET DETROIT MI 48214	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: GERARDO PECCHIA 1-25-05 3139796894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #