2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L04000055160

HADDAD HOLDINGS BETA, LLC

08-01-2005 90093 044 ****50.00 L04000055160

SECRETARY OF STATE DIVISION OF CORPORATIONS

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Principal Place of Business 265 SOUTH CRANBROOK CROSS BLOOMFIELD HILLS, MI 48301			P.O. BOX 721124	Mailing Address C/O CHARLES HADDAD P.O. BOX 721124 BERKLEY, MI 48072			20065857				
2. Principal Place of Business			3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-LLC	CR2E083	3 (10/03)		
City & State			City & State	City & State			Br .			plied For Applicable	
Žip		Country	Zip	Coun	try	5. Certificate	of Status Desired		5.00 Add se Required		
	6. Name	and Address of Curre	ent Registered Agent	egistered Agent			7. Name and Address of New Registered Agent				
ROSSO, DEBORAH					Name						
3255 PAC ST. CLOU	KARD AV	E.				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 acc										and accept	
the obligations of registered agent. SIGNATURE											
Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent aignature required when renetating) OATE											
	ing Fee is by Septen	\$50.00 nber 7, 2005					Make check payable to Florida Department of State				
9.	-	MANAGING MEN	MBERS/MANAGERS	10.	· · · · · ·	1	ADDITIONS,	CHANGES		• • • • • • • • • • • • • • • • • • • •	
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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. 248-703-3942 (ell

7/27/05 SIGNATURE: Hand TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone 6