


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED  
Feb 18, 2008 08:00 AM  
Secretary of State**

<b>DOCUMENT # L05000051635</b>	
1. Entity Name <b>MACOMB OAKLAND SAND LAKE LLC</b>	

Principal Place of Business <b>31550 NORTHWESTERN HIGHWAY, SUITE 200 FARMINGTON HILLS MI 48334 US</b>	Mailing Address <b>31550 NORTHWESTERN HIGHWAY, SUITE 200 FARMINGTON HILLS MI 48334 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/07)

4. FEI Number <b>41-2177111</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>ROSEN, MARVIN 222 LAKEVIEW AVENUE, SUITE 800 WEST PALM BEACH FL 33401-6112</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when remaining) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008, Fee Will Be \$538.75  
Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SIRIUS DEVELOPMENT LLC 1743 PARK CENTER DRIVE STE 300 ORLANDO FL 32835</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000000830566 02/26/08-80089-013 138.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SHAPIRO, MICKEY 31550 NORTHWESTERN HIGHWAY, SUITE 200 FARMINGTON HILLS MI 48334</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** *Paul Tomasko*

*2/8/08 248-538-4562*