'2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 09, 2008 8:00 am Secretary of State

DOCUMENT # L05000053734 1. Entity Name SOUTH GULF COVE LLC						02-19-2008	90064 009 ***	138.75	
Principal Place of Business 2950 FORT CHARLES NAPLES, FL 34102 US		Mailing Address 400 TALON CENTRE DETROIT, MI 48207 US				30003524			
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 13 p Kerch									
Suite, Apt. #, etc.		Suite Apr. *, etc.			02052008	Chg-LLC	CR2E083 (12/06)		
City & State		Grosse Puinte F			4. FEI Numb	per 16636		oplied For of Applicable	
Zip	Country 48236 Cou		Countr	A	Cartificate	e of Status Desired	55.00 Add Fee Require		
Name and Address of Current Registered Agent				Name	7. Name and	d Address of New Ra	gistered Agent		
TIMMIS, MICHAEL T.O. 2950 FORT CHARLES NAPLES, FL 34102 9.				Street Addr	ess (P.O. Box Numb	per is Not Acceptable)			
			Ì	City			FL Zip Cod	le	
The above named early 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 Springered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE (NOTE: Registered Agent sonature required when remissing) DATE									
FILE NOWIL FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					Make check payable to Florida Department of State			0	
9.	MANAGING MEMB		10.			ADDITIONS/0		C) 1485	
NAME STREET ADDRESS CITY-ST-ZIP	MGR TIMMIS, MICHAEL T.O. 2950 FORT CHARLES NAPLES, FL 34102	☐ Delete		T ADDRESS			Change	Addition .	
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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 flability company or manager of the execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE: 2/6/08 (2.35) 4/35 - 3225									
SIGNAT	URE: ///ulla.	STATE OF STA	<u> </u>	2	PRESENTATIVE	2/6/08 (235/435	5723	

ATTACHMENT

30003524

Timmis Enterprises Associates LLC 130 Kercheval, Suite 200 Grosse Pointe Farms, MI 48236 (313) 885-6750

March 18, 2008

Sent Via Certified Mail
Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, Florida 32314

- Re: Reference Number-L05000053734

Dear Sir:

We are writing regarding the attached letter that we received from you requesting titles for each manager. I have circled the portion of the Form that states that the parties are managers. I apologize if our abbreviation of manager as MGR caused confusion.

Thank you in advance for your assistance regarding this matter.

Please do not hesitate to call me at (313) 885-6745 during normal business hours if you have any questions regarding this matter.

Very truly yours,

Justin P. Blombe

Treasurer

Enclosures