LAWOFFICES Fax:3056619982 Apr

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May 02, 2006 8:00 am
Secretary of State
05-02-2006 90043 033 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L05000063124

1. Entity Name:
DONALL PROPERTIES, LLC

20043218

Principal Place of Business	Mailing Address
2408 LAKE LANSING RD. LANSING, MI 48912 US	2408 LAKE LANSING RD. LANSING, MI 48912 US

04252006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
812 Durant Street		812 Durant Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Lansing, Michigan		City & State: Lansing, Michigan	
Zip: 48915	Country: U.S.A	Zip: 48915	Country: U.S.A.

4. FEI Number: 385-80-7212 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FIRST AMERICAN EXCHANGE COMPANY, LLC
2075 CENTRE POINTE BLVD.
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name: Thomas Donall
Street Address (P.O. Box Number is Not Acceptable): 1330 Ocean Drive, Unit A
City: Miami Beach FL Zip Code: 33139

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: Thomas J Donall 4-28-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FIRST AMERICAN ACCOMODATION SERVICES, LLC 1650 W. BIG BEAVER, SUITE 156 TROY, MI 48084	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Thomas Donall 812 Durant Street Lansing, Michigan 48915	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Thomas J Donall 4-28-06 (517) 230-6003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #