

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90015 007 ****50.00

| | | | | | |
|---|---|---|--|--|--|
| DOCUMENT # L05000088064 | | | |  | |
| 1. Entity Name 21 CENTURY PT LLC | | | | | |
| Principal Place of Business 238 WEST TEN MILE ROAD, SUITE 220 SOUTHFIELD, MI 48034 | | | Mailing Address 238 WEST TEN MILE ROAD, SUITE 220 SOUTHFIELD, MI 48034 | | |
| 2. Principal Place of Business 23800 WEST TEN MILE ROAD Suite, Apt. #, etc. 220 City & State Southfield, MI Zip 48034 Country OAKLAND | | 3. Mailing Address 23800 WEST TEN MILE ROAD Suite, Apt. #, etc. Suite 220 City & State Southfield, MI Zip 48034 Country OAKLAND | |  | |
| 4. FEI Number 20-3724087 | | | | 01062006 Chg-LLC CR2E083 (11/05) | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | | 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 <u>4-7-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR COHEN, WALTER 238 WEST TEN MILE ROAD, SUITE 220 SOUTHFIELD, MI 48034 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR COHEN, WALTER 238 WEST TEN MILE ROAD, SUITE 220 SOUTHFIELD, MI 48034 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR COHEN, WALTER 238 WEST TEN MILE ROAD, SUITE 220 SOUTHFIELD, MI 48034 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR COHEN, WALTER 238 WEST TEN MILE ROAD, SUITE 220 SOUTHFIELD, MI 48034 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR COHEN, WALTER 238 WEST TEN MILE ROAD, SUITE 220 SOUTHFIELD, MI 48034 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR COHEN, WALTER 238 WEST TEN MILE ROAD, SUITE 220 SOUTHFIELD, MI 48034 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR COHEN, WALTER 238 WEST TEN MILE ROAD, SUITE 220 SOUTHFIELD, MI 48034 | <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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | Date <u>4-7-06</u> Daytime Phone # <u>248-353-7181</u> | | | |