

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # L05000094547

1. Entity Name
GEORGE & KESTO DEVELOPMENT, LLC



Principal Place of Business
**32600 TELEGRAPH ROAD
SUITE 100
BINGHAM FARMS, MI 48025 US**

Mailing Address
**32600 TELEGRAPH ROAD
SUITE 100
BINGHAM FARMS, MI 48025 US**



04162007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0756624

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HUNDLEY, GREGORY C
11360 JOG ROAD
SUITE 200
PALM BEACH GARDENS, FL 33418**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GEORGE, DAVID T
28024 GREENING STREET
FARMINGTON HILLS, MI 48334**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GEORGE, PATRICK
1300 MILLCREEK DRIVE
WATERFORD, MI 48327**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KESTO, SELWAN
4894 WALNUT CREEK DR.
WEST BLOOMFIELD, MI 48322**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000725351
05/03/07-80018-018 55.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-16-07 348-644-8771