2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L05000108960 1. Entity Name 158 DUNDEE LLC Principal Place of Business Mailing Address 31550 NORTHWESTERN HIGHWAY 31550 NORTHWESTERN HIGHWAY SUITE 200 FARMINGTON HILLS, MI 48334 US SUITE 200 FARMINGTON HILLS, MI 48334 US

FILED Feb 01, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01162007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3789259	Applied For
	Not Applicable
6F 00	

5. Certificate of Status Desired

\$5.00 Additional Fee Required

248-538-4562

Davime Phone #

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

SIGNATURE:

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	named entity submits this statement for the purpose of chan ions of registered agent.	iging its registered office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or posted name of registered agent and title if applicable.	(NOTE Registered Agent signature required when reinstating)	DATE
Fi Di	ling Fee is \$50.00 ue by May 1, 2007		U00000616308 02/07/07-80022-022 50.00
9,	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAPIRO, MICKEY 31550 NORTHWESTERN HWY., SUITE 200 FARMINGTON HILLS, MI 48334		
INTLE Name Street address City-St-Zip			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature slibility company or the receiver or trustee empowered to exe	qualify for the exemptions contained in Chapter 11th hall have the same legal effect as if made under or cute this report as required by Chapter 608, Florida	9, Florida Statutes. I further certify that the information ath; that I am a managing member or manager of the a Statutes

Authorized Representive

PAUL TOMASKO

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