

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 MAR -8 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NYK



DOCUMENT # L05000113934

1. Entity Name
21 CENTURY BELLA VISTA LLC



Principal Place of Business
23800 WEST TEN MILE ROAD, SUITE 220
SOUTHFIELD, MI 48034

Mailing Address
23800 WEST TEN MILE ROAD, SUITE 220
SOUTHFIELD, MI 48034

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03072006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3891249

Applied For
☐ Not Applicable

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

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 _____
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	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR COHEN, WALTER 23800 WEST TEN MILE ROAD, SUITE 220 SOUTHFIELD, MI 48034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200067418372
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR FRIEDMAN, DAVID 34975 WEST TWELVE MILE ROAD, SUITE 100 SOUTHFIELD, MI 48331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<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: *Gayle Aiken* **3/7/06** **313-465-7208**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Gayle Aiken, Authorized Representative



CORPORATION SERVICE COMPANY

L05000113934

ACCOUNT NO. : 072100000032

REFERENCE : 907707 4306747

AUTHORIZATION

COST LIMIT : \$ 55.00

ORDER DATE : March 8, 2006

ORDER TIME : 11:58 AM

ORDER NO. : 907707-005

CUSTOMER NO: 4306747

ANNUAL REPORT FILING

NAME: 21 CENTURY BELLA VISTA LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young-EXT#2962

EXAMINER'S INITIALS: _____

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2006 MAR -8 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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TALLAHASSEE, FLORIDA