

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000013458

Entity Name: AVIGNON HOLDINGS LLC

FILED
Apr 03, 2008
Secretary of State

Current Principal Place of Business:

700 8TH AVENUE WEST
SUITE A
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

700 8TH AVENUE WEST
SUITE A
PALMETTO, FL 34221

New Mailing Address:

21500 HAGGERTY ROAD
SUITE 100
NORTHVILLE, MI 48167

FEI Number: 20-4636058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARWICK, ROBERT D
700 8TH AVENUE WEST
SUITE A
PALMETTO, FL 34221 US

Name and Address of New Registered Agent:

THOMPSON, GENE S
3511 B 16TH AVENUE EAST
PALMETTO, FL 34221 US

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.

SIGNATURE: GENE S. THOMPSON

04/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BARWICK, ROBERT D
Address: 700 8TH AVENUE WEST, SUITE A
City-St-Zip: PALMETTO, FL 34221

Title: MGRM () Delete
Name: BEDFORD, RICHARD
Address: 700 8TH AVENUE WEST, SUITE A
City-St-Zip: PALMETTO, FL 34221

Title: MGRM () Delete
Name: BARWICK, DERRICK
Address: 700 8TH AVENUE WEST, SUITE A
City-St-Zip: PALMETTO, FL 34221

Title: MGR () Delete
Name: STAMPOR, WALTER
Address: 908 COLEMAN A. YOUNG MUNICIPAL CENTER
City-St-Zip: DETROIT, MI 48226

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: CAPOZZOLI, JOE
Address: 21500 HAGGERTY ROAD, SUITE 100
City-St-Zip: NORTHVILLE, MI 48167

Title: VP (X) Change () Addition
Name: THOMPSON, GENE S
Address: 21500 HAGGERTY ROAD, SUITE 100
City-St-Zip: NORTHVILLE, MI 48167

Title: TREA (X) Change () Addition
Name: CAPOZZOLI, PAMELA S
Address: 21500 HAGGERTY ROAD, SUITE 100
City-St-Zip: NORTHVILLE, MI 48167

Title: SEC (X) Change () Addition
Name: BURT, KATHLEEN J
Address: 21500 HAGGERTY ROAD, SUITE 100
City-St-Zip: NORTHVILLE, MI 48167

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GENE S. THOMPSON

VP

04/03/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date