

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000013458

FILED  
Apr 03, 2008  
Secretary of State

Entity Name: AVIGNON HOLDINGS LLC

**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