

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000013458

FILED  
Feb 11, 2009  
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:**

21500 HAGGERTY ROAD  
SUITE 100  
NORTHVILLE, MI 48167

**New Mailing Address:**

FEI Number: 20-4636058      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

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

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

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

AUTH

02/11/2009

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