## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000080510

1. Entity Name BEZLM, LLC



Principal Place of Business

31731 NORTHWESTERN HIGHWAY SUITE 250W

FARMINGTON HILLS, MI 48334 US

Mailing Address

31731 NORTHWESTERN HIGHWAY SUITE 250W

FARMINGTON HILLS, MI 48334

US.

FILED
May 08, 2008 08:00 AN
Secretary of State



DO	NOT	WRITE	IN THIS	SPACE

04242008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BEZNOS, SAM 2201 NW CORPORATE BLVD. SUITE 100 BOCA RATON, FL 33431 DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits the</li></ol>	his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I a	im familiar with, and accept
the obligations of registered agent	<b>.</b>	

SIGNATURE.

ignature, typed or printed name of registered agent and title if applicat

(NOTE: Registered Agen) signature required when reinstating

DATE

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OAKLAND MANAGEMENT CORP. 31731 NORTHWESTERN HIGHWAY FARMINGTON HILLS, MI 48334				
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET AODRESS CITY-ST-ZIP					
11. I hereby	11. I hereby certify that the information supplied with this filing does not qualify for the exe				

. 06/03/08-80045-002 138.75

DO NOT WRITE
IN THIS SPACE

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: 15

ATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIV

4/28/08

Dayumu Phone #