


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90053 007 ***138.75

DOCUMENT # L06000102866	
1. Entity Name RBS MANAGEMENT COMPANY, LLC	

Principal Place of Business 330 S. ORANGE SARASOTA, FL 34236	Mailing Address 330 S. ORANGE SARASOTA, FL 34236
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60008420



2. Principal Place of Business - No P.O. Box # 2127 Ringling Blvd Suite, Apt. #, etc. Suite 102 City & State Sarasota, FL Zip 34237 Country USA	3. Mailing Address 2127 Ringling Blvd. Suite, Apt. #, etc. Suite 102 City & State Sarasota, FL Zip 34237 Country USA
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02052008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent STOY, R. BRIAN 330 S. ORANGE SARASOTA, FL 34236	
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4. FEI Number 20-5810968	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent Name R. Brian Stoy (Same) Street Address (P.O. Box Number is Not Acceptable) 2127 Ringling Blvd Suite 102 City Sarasota FL Zip Code 34237	
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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 R. Brian Stoy Signature, typed or printed name of registered agent and title if applicable.	R. Brian Stoy 2/8/08 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	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	MGRM RBS COMPANIES, INC. 2250 GENOA BUSINESS PARK DRIVE, SUITE 100 BRIGHTON, MI 48114 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Unified Property Group, LLC 2200 Genoa Business Park Drive, Suite 100 Brighton, MI 48114 <input checked="" 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: R. Brian Stoy SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	R. Brian Stoy, Agent 2/8/08 Date Daytime Phone #