2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# L07000046265

Entity Name: SANDALFOOT PLAZA ASSOCIATES, LLC

Current Principal Place of Business:

31530 CONCORD DRIVE
MADISON HEIGHTS, MI 48071 US

New Principal Place of Business:

Current Mailing Address:

31530 CONCORD DRIVE
MADISON HEIGHTS, MI 48071 US

New Mailing Address:

FEI Number: 62-0940827 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCRAE, MITCHELL T
6274 LINTON BLVD.
SUITE 101
DELRAY BEACH, FL 33484 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: MGR ( ) Delete
Name: FECHHEIMER, FRED J
Address: 39577 WOODWARD AVENUE, SUITE 300
City-St-Zip: BLOOMFIELD HILLS, MI 48304 US

Title: MGR ( ) Delete
Name: GORDON, KENNETH M
Address: 31530 CONCORD DRIVE
City-St-Zip: MADISON HEIGHTS, MI 48071 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: AR ( ) Change (X) Addition
Name: FISHKIND, ADAM M
Address: 39577 WOODWARD AVENUE, SUITE 300
City-St-Zip: BLOOMFIELD HILLS, MI 48304 US

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: ADAM M. FISHKIND AR 01/06/2009

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