2000 UNIFORM BUSINESS REPORT (UBR)

L99000001668 DOCUMENT # SECRETARY OF STATE 1. Entity Name DIVISION OF CORPORATIONS HOMESTEAD LEISURE ASSOCIATES, LLC :00 FEB 15 PM 2: 46 Principal Place of Business Mailing Address 31550 NORTHWESTERN HIGHWAY. SUITE 200 31550 NORTHWESTERN HIGHWAY. SUITE 200 FARMINGTON HILLS MI 48334-2532 FARMINGTON HILLS MI 48334 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. . 4. FEI Number Applied For City & State City & State Not Applicable 5 Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EASTMAN, DAVID Street Address (P.O. Box Number is Not Acceptable) 101 S. MONROE TALLAHASSEE FL 32301 Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. MGR ☐ Delete TITLE TITLE PARTRICH, SPENCER M STREET ADDRESS STREET ACCRESS 31550 NORTHWESTERN HIGHWAY, SUITE 200 **FARMINGTON HILLS MI 48334** CITY-ST-ZIP CITY-ST-ZU TITLE ☐ Delete **003148706**----02/28/00--01012--017 NAME MAME STREET ADDRESS STREET ADDRESS *****50.00 *****50.00 CITY-ST-ZIP CITY- ST- ZIP Addition | ☐ Channe TITLE TITLE MAME STREET ADDRESS CITY- ST- 7IP ___ Addition Change Delete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Addition . ☐ Delete Change TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP ☐ Delete ☐ Change Addition Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

IGNATURE: SIGNATURE IN SIGNATURE AND THE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

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.