

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 05, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000003691****1. Entity Name**  
OSPREY MANAGEMENT COMPANY, LLC

<b>Principal Place of Business</b> 1819 MAIN STREET, SUITE 610  SARASOTA FL 34236	<b>Mailing Address</b> 1819 MAIN STREET, SUITE 610  SARASOTA FL 34236
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<b>2. Principal Place of Business</b> 1819 MAIN STREET, SUITE 106  Suite, Apt. #, etc.	<b>3. Mailing Address</b> 305 E. MAIN  Suite, Apt. #, etc.
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<b>City &amp; State</b> SARASOTA FL	<b>City &amp; State</b> BRIGHTON MI
<b>Zip</b> 34236	<b>Country</b> US

<b>4. FEI Number</b> 65-0996571	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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DO NOT WRITE IN THIS SPACE

<b>6. Name and Address of Current Registered Agent</b>  NORTON SAM D 1819 MAIN STREET, SUITE 610  SARASOTA FL 34236 US	<b>7. Name and Address of New Registered Agent</b>  Name BIBER MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 1819 MAIN STREET, SUITE 106  City SARASOTA FL Zip Code 34236
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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.**

<b>SIGNATURE</b> MICHAEL J. BIBER <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<b>03/05/2001</b> <small>DATE</small>
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**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
<b>TITLE</b> MGR <b>NAME</b> LYON PROPERTIES ASSOCIATES, LLC <b>STREET ADDRESS</b> 2701 TROY CENTER DR., STE. 400 <b>CITY-ST-ZIP</b> TROY MI 48084	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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 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.**

<b>SIGNATURE:</b> Michael J. Biber <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<b>MGR</b> <small>Date</small>	<b>03/05/2001</b> <small>Daytime Phone #</small>
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CR2E083 (11/00)