

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2004 08:00 AM
Secretary of State

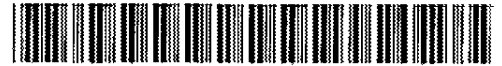
DOCUMENT # M00000000802

1. Entity Name
FCAL, LLC



Principal Place of Business
ONE AMERICAN ROAD
LEGAL OFFICE
DEARBORN, MI 48126

Mailing Address
P.O. BOX 6044
LEGAL OFFICE
DEARBORN, MI 48121-6044



01062004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3630581

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BURNS, KEVIN P
400 WEST MAIN ST., STE. 338
BABYLON, NY 11702

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
STIDD, ANDREW L
400 WEST MAIN ST., STE. 338
BABYLON, NY 11702

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
THOMAS, SUSAN J
ONE AMERICAN ROAD
DEARBORN, MI 48126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
THOMAS, STACY P
ONE AMERICAN ROAD
DEARBORN, MI 48126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BRANDI, DAVID M
ONE AMERICAN ROAD
DEARBORN, MI 48126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000010149
01/22/04-80019-020 50.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

James M. Swartz
Assistant Secretary

1/14/04 (313)390-788

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #