2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: A

FILED Apr 28, 2004 08:00 AN Secretary of State

1. Entity Nam	MENT # M0000001130		Secretary of State
Principal Plac 3400 E. LAF DETROIT, MI			
D	OO NOT WRITE IN THIS SPA	CE	04132004 No Chg-LLC CR2E083 (10/03) 4. FEI Number 38-3511063 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 reinstalling) DATE Filling Fee is \$50.00 Due by May 1, 2004			
9. HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGR CG&S INVESTORS, INC 3400 E LAFEYETTE DETROIT, MI		<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	;	. —	DO NOT WRITE IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	A	, , ,	
11. I hereby certify that the information supplied with this filling 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. CGESTINESTORS			