


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2004-08:00 AM
Secretary of State

DOCUMENT # M00000001535 1. Entity Name DAVIS AND BELLINSON, LLC	
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Principal Place of Business 370 EAST MAPLE RD., 3RD FLOOR BIRMINGHAM, MI 48009	Mailing Address 370 EAST MAPLE RD., 3RD FLOOR BIRMINGHAM, MI 48009
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DO NOT WRITE IN THIS SPACE



02242004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 38-3437512	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BELLINSON, JAMES
2121 NW 27TH CT
FORT LAUDERDALE, FL 33311

**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 _____ (NOTE: Registered Agent signature required when reconstituting) _____ DATE _____

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

U00000111867
04/13/04-80038-003 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BELLINSON, JAMES 370 EAST MAPLE RD., 3RD FLOOR BIRMINGHAM, MI 48009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DAVIS, ROBERT S 370 EAST MAPLE RD., 3RD FLOOR BIRMINGHAM, MI 48009
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**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)(f), 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:

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

Date

Daytime Phone #

3/30/04