2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004
Secretary of State

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Entity Name: POYLE ASSOCIATES, LLC

Current Principal Place of Business:

555 S. OLD WOODWARD, #22-U
BIRMINGHAM, MI 48009

New Principal Place of Business:

555 S. OLD WOODWARD
22-U
BIRMINGHAM, MI 48009

Current Mailing Address:

555 S. OLD WOODWARD, #22-U
BIRMINGHAM, MI 48009

New Mailing Address:

P. O. BOX 2224
BIRMINGHAM, MI 48012 22

FEI Number: 38-3538308 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: P ( ) Delete
Name: POYLE, RICHARD P
Address: 6484 ROYAL POINTE DRIVE
City-St-Zip: WEST BLOOMFIELD, MI 48322

Title: VP ( ) Delete
Name: KENNEDY, DIANNE
Address: 3925 ROYAL
City-St-Zip: BERKLEY, MI 48072

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: POYLE, RICHARD P
Address: 6484 ROYAL POINTE DRIVE
City-St-Zip: WEST BLOOMFIELD, MI 48322

Title: MGRM (X) Change ( ) Addition
Name: KENNEDY, DIANNE
Address: 3925 ROYAL
City-St-Zip: BERKLEY, MI 48072

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RICHARD P. POYLE MGRM 04/19/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date