

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 23, 2001 08:00 AM
Secretary of State

DOCUMENT # M00000002659

1. Entity Name
 THE NESKOW FAMILY, LLC

Principal Place of Business 2301 W. BIG BEAVER ROAD, SUITE 777 TROY MI 48084	Mailing Address 2301 W. BIG BEAVER ROAD, SUITE 777 TROY MI 48084
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2. Principal Place of Business 2301 W. BIG BEAVER ROAD Suite, Apt. #, etc. SUITE 777 City & State TROY MI	3. Mailing Address 2301 W. BIG BEAVER ROAD Suite, Apt. #, etc. SUITE 777 City & State TROY MI
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DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3571596	Applied For <input type="checkbox"/> Not Applicable
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Zip 48084	Country	Zip 48084	Country
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN RICHARD
 1601 FORUM PLACE, SUITE 304
 WEST PALM BEACH FL
 334018103 US

7. Name and Address of New Registered Agent

Name
COHEN RICHARD
 Street Address (P.O. Box Number is Not Acceptable)
 1601 FORUM PLACE
 SUITE 304
 City WEST PALM BEACH FL Zip Code 334018103

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.

SIGNATURE RICHARD COHEN DATE 02/23/2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NESKOW ROBERT S 605 UNIVERSE BLVD. JUNO BEACH FL 33408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ROBERT S. NESKOW MGR DATE 02/23/2001

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

Date

Daytime Phone #

CR2E083 (1/00)