

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 04, 2002 8:00 am
Secretary of State

07-04-2002 90556 001 ***250.00

DOCUMENT # M0100000122
1. Entity Name
84 and 4th LLC

96392

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 28777 Northwestern Highway		3. Mailing Address Same as Principal Address	
Suite, Apt. #, etc. Suite 110		Suite, Apt. #, etc.	
City & State Southfield, MI		City & State	
Zip 48034	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3453122	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name C T Corporation System
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road
City Plantation
State FL
Zip Code 33324

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

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member D & F Investments, L.L.C., a Michigan LLC 28777 Northwestern Highway, Suite 110 Southfield, MI 48034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E083B (12/01)

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: *Jack Friedman* Jack Friedman, Manager of D & F Investments, L.L.C., a Michigan LLC, Member
6/17/02 248.354.6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #