

*\*Amended\**  
**2002 UNIFORM BUSINESS REPORT (UBR)**

07-30-2002 90426 043 \*\*\*\*50.00  
 M01000000122

0018107

**DOCUMENT # M01000000122**

1. Entity Name  
**84 AND 4TH LLC**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS *W*

02 AUG 26 AM 9:16 *8/28*

Principal Place of Business Mailing Address  
 28777 NORTHWESTERN HIGHWAY, STE. 110 SOUTHFIELD MI 48034  
 28777 NORTHWESTERN HIGHWAY, STE. 110 SOUTHFIELD MI 48034

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**31800 Northwestern Hwy.**

City & State  
**Farmington Hills, MI**

Zip Country Zip Country  
**48334 USA**

4. FEI Number **38-3453122** Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>Milton Dresner</b> 28777 Northwestern Highway, #100 Southfield, MI 48034	
		<b>Joseph Dresner</b> 28777 Northwestern Highway, #100 Southfield, MI 48034	
		<b>Jack Friedman</b> 28777 Northwestern Highway, #100 Southfield, MI 48034	

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* **SIGNATURE REQUIRED** *7-10-02*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**JACK FRIEDMAN**

CR2E083 (4/02)