

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90325 040 \*\*\*\*50.00

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**DOCUMENT # M01000000122**



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

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

Mailing Address  
**31800 NORTHWESTERN HWY. SUITE 320  
FARMINGTON HILLS MI 48334**

2. Principal Place of Business

3. Mailing Address  
**2000 Town Center**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**Suite 1500**

City & State

City & State  
**Southfield, MI**

4. FEI Number **38-3453122**

Applied For  
Not Applicable

Zip

Country

Zip  
**48075-1195**

Country  
**USA**

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DRESNER, MILTON</b> <input checked="" type="checkbox"/> Delete <b>28777 NORTHWESTERN HIGHWAY, #100 SOUTHFIELD MI 48034</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D &amp; F Investments, L.L.C. 28777 Northwestern Highway, Suite 110 Southfield, MI 48034</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input checked="" type="checkbox"/> Delete <b>DRESNER, JOSEPH</b> <b>28777 NORTHWESTERN HIGHWAY, #100 SOUTHFIELD MI 48034</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input checked="" type="checkbox"/> Delete <b>FRIEDMAN, JACK</b> <b>28777 NORTHWESTERN HIGHWAY, #100 SOUTHFIELD MI 48034</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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* **MANAGER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

1-14-03

Date Daytime Phone #

CP2E083 (10/02)