


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Sep 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M01000000905</b> 1. Entity Name DUCE SIMMONS ASSOCIATES, LLC	
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Principal Place of Business 2338 COOLIDGE SUITE 100 BERKLEY, MI 48072	Mailing Address 2338 COOLIDGE SUITE 100 BERKLEY, MI 48072
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08302005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 38-3404316	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMMONS, MARJORIE K 2338 COOLIDGE, STE 100 BERKLEY, MI 48072
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUCE, ANTHONY R 2338 COOLIDGE, STE 100 BERKLEY, MI 48072
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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)(f), 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:** *Marjorie K. Simmons*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*8/30/05* (248) 291-0595  
Date Daytime Phone #