

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # M01000001414	
1. Entity Name ROBERT B. AIKENS & ASSOCIATES, L.L.C.	
Principal Place of Business 2690 CROOKS RD., STE. 400 TROY, MI 48084	Mailing Address 2690 CROOKS RD., STE. 400 TROY, MI 48084



DO NOT WRITE IN THIS SPACE

04012005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
38-1850898

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BENNETT, DERRICK ESQ.
112 EAST THIRD CT.
PANAMA CITY, FL 32401**

**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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATRICK, FINEREY 2640 CROOKS RAD SUITE 400 TROY, M 4808
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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UN00000299625
04/11/05-80115-021 50.00

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IN THIS SPACE**

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: _____

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

Date

Daytime Phone #