


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 14, 2007 08:00 AM
Secretary of State

DOCUMENT # M01000001414		
1. Entity Name ROBERT B. AIKENS & ASSOCIATES, L.L.C.		
Principal Place of Business 350 N OLD WOODWARD SUITE 300 BIRMINGHAM, MI 48009	Mailing Address 350 N OLD WOODWARD SUITE 300 BIRMINGHAM, MI 48009	



04242007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-1850898	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC PATRICK, FINEREY 2640 CROOKS RAD SUITE 400 TROY, M 4808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, JEFFREY 350 N OLD WOODWARD #300 BIRMINGHAM, MI 48009
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05/30/07-80043-007 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Jeff Thompson** 4/27/07 248-283-1071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #