

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 26, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # M01000001415**

1. Entity Name  
**PANAMA CITY 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**



01302004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**38-6314527**

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 32301**

**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, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **D**  
NAME **AIKENS, ROBERT**  
STREET ADDRESS **2640 CROOKS ROAD SUITE 400**  
CITY - ST - ZIP **TROY, MI 48084**

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U000000131729  
04/27/04-20017-015 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)(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:** \_\_\_\_\_

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

Date

Daytime Phone #