




# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 01, 2006 8:00 am**  
**Secretary of State**

09-01-2006 90035 034 \*\*\*\*50.00

<b>DOCUMENT # M01000001415</b> 1. Entity Name <b>PANAMA CITY ASSOCIATES, L.L.C.</b>					
Principal Place of Business <b>2690 CROOKS RD., STE. 400</b> <b>TROY, MI 48064</b>			Mailing Address <b>2690 CROOKS RD., STE. 400</b> <b>TROY, MI 48064</b>		
2. Principal Place of Business <b>350 N. OLD WOODWARD</b> Suite, Apt. #, etc. <b>#300</b>		3. Mailing Address <b>350 N. OLD WOODWARD</b> Suite, Apt. #, etc. <b>#300</b>			
City & State <b>BIRMINGHAM, MI</b> Zip <b>48009</b> Country <b>U.S.</b>		City & State <b>BIRMINGHAM, MI</b> Zip <b>48009</b> Country <b>U.S.</b>		4. FEI Number <b>38-6314527</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BENNETT, DERRICK ESQ.</b> <b>112 EAST THIRD CT.</b> <b>PANAMA CITY, FL 32301</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>Filing Fee is \$50.00</b> <b>Due by September 8, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AIKENS, ROBERT</b> <b>2640 CROOKS ROAD SUITE 400</b> <b>TROY, MI 48064</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>350 N. OLD WOODWARD, #300</b> <b>BIRMINGHAM, MI 48009</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> 			Date <b>(248) 283-1071</b> Daytime Phone #		