

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 25, 2002 8:00 am**  
**Secretary of State**

04-25-2002 90005 012 \*\*\*\*50.00

**DOCUMENT # M01000001647**

1. Entity Name

**ROUGE CREEK - BRIDGEPORT, LLC**

Principal Place of Business

**26657 WOODWARD, SUITE 100  
HUNTINGTON WOODS MI 48070**

Mailing Address

**26657 WOODWARD, SUITE 100  
HUNTINGTON WOODS MI 48070**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

**5215 S. Westshore Blvd.  
#29  
Tampa, FL 33611**

DO NOT WRITE IN THIS SPACE

FEI Number

**38-2458630**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**POSTON, WILLIAM  
3040 GULF TO BAY, SUITE 205  
CLEARWATER FL 33759**

7. Name and Address of New Registered Agent

Name

**5215 S. Westshore Blvd.  
#29  
Tampa, FL 33611****FL**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>O'NEILL, PATRICK J</b>	
STREET ADDRESS	<b>26657 WOODWARD AVENUE, SUITE 100</b>	
CITY-ST-ZIP	<b>HUNTINGTON WOODS MI 48070</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

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:****PATRICK J. O'NEILL**

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

**4/10/2002**

Date

**813-837-6779**

Daytime Phone #

CR2E083 (9/01)