

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M01000001647

1. Entity Name
ROUGE CREEK - BRIDGEPORT, LLC



Principal Place of Business
26657 WOODWARD, SUITE 100
HUNTINGTON WOODS, MI 48070

Mailing Address
5215 S. WESTSHORE ROAD
#29
TAMPA, FL 33611

DO NOT WRITE IN THIS SPACE



04022004 No Chg-LLC

CR2E083 (10/03)

4. 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
5215 S. WESTSHORE BLVD.
#29
TAMPA, FL 33611

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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	MGR
NAME	O'NEILL, PATRICK J
STREET ADDRESS	26657 WOODWARD AVENUE, SUITE 100
CITY ST ZIP	HUNTINGTON WOODS, MI 48070

TITLE	
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CITY ST ZIP	

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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 #