

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90001 050 ****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
**5215 S. WESTSHORE ROAD #29
TAMPA FL 33611**

2. Principal Place of Business

3. Mailing Address
5215 S. WESTSHORE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
TAMPA, FL

Zip

Country

Zip

33611

Country

4. FEI Number **38-2458630**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POSTON, WILLIAM
5215 S. WESTSHORE BLVD. #29
TAMPA FL 33611**

Name

Street Address (P.O. Box Number is Not Acceptable)

#29

City

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. 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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *PSIGNATURE* **REQ 3/27/03**

813-837-6729

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

Date

Daytime Phone #

CR2E083 (10/02)