

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90016 042 ****50.00

20056009



04202005 Chg-LLC CR2E083 (10/03)

4. FEI Number
38-3609238

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KLEIN, RONALD A
27777 FRANKLIN ROAD, SUITE 1700
SOUTHFIELD, MI 48034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASP
SCHERER, PETER J
27777 FRANKLIN RD., SUITE 1700
SOUTHFIELD, MI 48034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFOT
GEATER, ANDERSON W
27777 FRANKLIN RD., SUITE 1700
SOUTHFIELD, MI 48034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP
PORTFOLIO MANAGEMENT
27777 FRANKLIN RD., SUITE 1700
SOUTHFIELD, MI 48034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP, PORTFOLIO MANAGEMENT
MARK W. LANDSCHULZ ☒ Change ☐ Addition

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

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

J. Peter Scherer
J. Peter Scherer, President

4/25/05

Date

Daytime Phone #