LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2002 8:00 am Secretary of State

DOCUMENT # M0100002888 1. Entity Name					05-13-2002 90032 035 ****50.00		
EUREKA	ASSOCIATES/PINE F	RIDGE II, L	.L.C.				
DO NOT WRITE IN THIS SPACE					956165		
2. Principal Place of Business One Towne Square 3. Mailing Address One Towne Square							
Suite, Apt. #, etc. Suite# 1913		One Towne Square Suite, Apt. #, etc. Suite#_1913			DO NOT WRITE IN THIS SPACE		
City & State Southfield, Michigan		City & State Southfield, Michigan		. 4. FEI Number	4. FEI Number Applied For 38-6237659 Not Applicable		
Zip 48076	Country U.S.A.	Zip 48076	Country U.S.A.	5. Certificate of	f Status Desired	\$5.00 Additional	
S. S			Name		dress of Current Registered	-	
	DO NOT W	RITE		Address (P.O. Box Number	ation System	*	
	IN THIS SP	ACE					
			City	1200 Sout Plantatio	n Pine Island Road n FL	Zip Code 33324	
8. The above	named entity submits this statement for	the purpose of changing	its registered office			33324	
SIGNATURE	NA		- *				
JIGNATORE .	Signature, typed or printed name of registered agent an	nd title if applicable.			DATE		
		Make Check	FEE IS \$50.00 Payable to Depai DUE BY MAY	A TELESCOPE SERVER NEW YORK			
9.	MANAGING MEMBER	S/MANAGERS	And Track	15、15 全身中心的12.25 克克 12 中央 12 - 17 - 19	to a second and the second		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Seligman FLP, Inc. One Towne Square, Suite# 1913 Southfield, MI 48076		TITLE NAME STREET ADDRESS CITY ST ZIPS			CRZE083B (12/01)	
ITLE IAME TREET ADDRESS SITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY ST. 2IP			CRZEC	
ITLE IAME TREET ADDRESS ITY+ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC	NOT WRIT	E	
TTLE AME TREET ADDRESS ITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY ST-ZIP	IN THIS SPACE			
TLE AME TREET ADDRESS TY-ST-ZIP			TITLE SINAME STREET AUDRESS CITY ST-ZIP				
TLE AME TREET ADDRESS			TITLE NAME				

SIGNATURE Scott J. Seligman, President of Seligman FLP, Inc.

4/26/02

248-862-8000

^{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.