

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

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

05-13-2002 90032 045 ****50.00

DOCUMENT # M01000002889
1. Entity Name
SOUTHLAND ASSOCIATES/WOODBROOK II, L.L.C. ✓

956155

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business One Towne Square Suite, Apt. #, etc. Suite# 1913 City & State Southfield, Michigan Zip 48076 Country U.S.A.		3. Mailing Address One Towne Square Suite, Apt. #, etc. Suite# 1913 City & State Southfield, Michigan Zip 48076 Country U.S.A.	
---	--	---	--

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-6204573	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name CT Corporation System
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road
City Plantation State FL Zip Code 33324

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

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS																	
<table border="1"> <tr><td>TITLE</td><td>MGR</td></tr> <tr><td>NAME</td><td>Seligman FLP, Inc.</td></tr> <tr><td>STREET ADDRESS</td><td>One Towne Square, Suite# 1913</td></tr> <tr><td>CITY-ST-ZIP</td><td>Southfield, MI 48076</td></tr> </table>	TITLE	MGR	NAME	Seligman FLP, Inc.	STREET ADDRESS	One Towne Square, Suite# 1913	CITY-ST-ZIP	Southfield, MI 48076	<table border="1"> <tr><td>TITLE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table>	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	MGR																
NAME	Seligman FLP, Inc.																
STREET ADDRESS	One Towne Square, Suite# 1913																
CITY-ST-ZIP	Southfield, MI 48076																
TITLE																	
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
<table border="1"> <tr><td>TITLE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table>	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1"> <tr><td>TITLE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table>	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE																	
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
TITLE																	
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
<table border="1"> <tr><td>TITLE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table>	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1"> <tr><td>TITLE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table>	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE																	
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
TITLE																	
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
<table border="1"> <tr><td>TITLE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table>	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1"> <tr><td>TITLE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table>	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE																	
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
TITLE																	
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
<table border="1"> <tr><td>TITLE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table>	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1"> <tr><td>TITLE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table>	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE																	
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
TITLE																	
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	

DO NOT WRITE IN THIS SPACE

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: Scott J. Seligman, President of Seligman FLP, Inc.  4/26/02 248-862-8000

CR2E083B (12/01)