

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

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

05-13-2002 90032 041 \*\*\*\*50.00

DOCUMENT # M01000002891

1. Entity Name

EUREKA GARDENS NO. 1/PINE RIDGE I, L.L.C.

**DO NOT WRITE IN THIS SPACE**

956159

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
One Towne Square

3. Mailing Address  
One Towne Square

Suite, Apt. #, etc.  
Suite# 1913

Suite, Apt. #, etc.  
Suite# 1913

City & State  
Southfield, Michigan

City & State  
Southfield, Michigan

4. FEI Number  
38-2102736

Applied For  
Not Applicable

Zip  
48076

Country  
U.S.A.

Zip  
48076

Country  
U.S.A.

5. Certificate of Status Desired ☐ \$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 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

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

DATE

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

9. MANAGING MEMBERS/MANAGERS

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 - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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)