

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000361

Entity Name: REAL FINANCIAL, L.L.C.

FILED  
Apr 27, 2004  
Secretary of State

**Current Principal Place of Business:**

26500 NORTHWESTERN HWY., SUITE 300  
SOUTHFIELD, MI 48076

**New Principal Place of Business:**

**Current Mailing Address:**

26500 NORTHWESTERN HWY., SUITE 300  
SOUTHFIELD, MI 48076

**New Mailing Address:**

FEI Number: 38-3496667

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOLLY KLASK WALKER  
2041 IOWA AVE., N.E.  
ST. PETERSBURG, FL 33703 US

**Name and Address of New Registered Agent:**

WALKER, HOLLY K  
2041 IOWA AVE., N.E.  
ST. PETERSBURG, FL 33703 US

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: HOLLY K. WALKER

04/27/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: JODY KLASK ROGOW,  
Address: 26500 NORTHWESTERN HWY., SUITE 300  
City-St-Zip: SOUTHFIELD, MI 48076

Title: MGR ( ) Delete  
Name: ROGOW, BARRY  
Address: 26500 NORTHWESTERN HWY., SUITE 300  
City-St-Zip: SOUTHFIELD, MI 48076

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BARRY ROGOW

MGR

04/27/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date