


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000001378
 1. Entity Name
 COVINGTON-FLORIDA, L.L.C.



Principal Place of Business 25800 NORTHWESTERN HIGHWAY SUITE 750 SOUTHFIELD, MI 48075	Mailing Address 25800 NORTHWESTERN HIGHWAY SUITE 750 SOUTHFIELD, MI 48075
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DO NOT WRITE IN THIS SPACE



04142005No Chg-LLC CR2E083 (10/03)

4. FEI Number 45-0477838	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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

U00000329883
 04/25/05-80138-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COVINGTON ESTATES LIMITED PARTNERSHIP 2701 CAMBRIDGE COURT, SUITE 200 AUBURN HILLS, MI 48326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHOSTAK/FISHER GROUP-COVINGTON LLC 25800 NORTHWESTERN HWY., SUITE 750 SOUTHFIELD, MI 48075
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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]* *Authorized Representative* 4/14/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #