2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 28, 2008
Secretary of State

DOCUMENT# M02000001378

Entity Name: COVINGTON-FLORIDA, L.L.C.

Current Principal Place of Business:

25800 NORTHWESTERN HIGHWAY SUITE 750
SOUTHFIELD, MI 48075

New Principal Place of Business:

17800 LAUREL PARK DRIVE NORTH
SUITE 200C
LIVONIA, MI 48152

Current Mailing Address:

17672 LAUREL PARK DR NORTH
SUITE 400A
LIVONIA, MI 48152

New Mailing Address:

17800 LAUREL PARK DRIVE NORTH
SUITE 200C
LIVONIA, MI 48152

FEI Number: 45-0477838 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: COVINGTON ESTATES LI, MITED PARTNERS H IP
Address: 2701 CAMBRIDGE COURT, SUITE 200
City-St-Zip: AUBURN HILLS, MI 48326

Title: MGRM ( ) Delete
Name: SCHOSTAK/FISHER GROU, P-COVINGTON LL C
Address: 25800 NORTHWESTERN HWY., SUITE 750
City-St-Zip: SOUTHFIELD, MI 48075

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: SCHOSTAK/FISHER GROU, P-COVINGTON LL C
Address: 17800 LAUREL PARK DR N, #200C
City-St-Zip: LIVONIA, MI 48152

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: STEVEN FISHER MM 05/28/2008

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