2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 19, 2005 08:00 AM Secretary of State

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1. Entity Name T-I 2002 SPE, LLC

Principal Place of Business 200 EAST LONG LAKE ROAD BLOOMFIELD HILLS, MI 48304 Mailing Address

200 EAST LONG LAKE ROAD BLOOMFIELD HILLS, MI 48304



DO NOT WRITE IN THIS SPACE

01132005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 13-4226205 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

DO NOT WRITE

		- -	iN	HIS SPACE	
	named entity submits this statement for the purpose of c tions of registered agent	hanging its registere	d office or registered agent, or bo	h, in the State of Florida I am familiar with	, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered	Agent signature recutted when reinstaling)	DATE	 -
F	iling Fee is \$50.00 ue by May 1, 2005	·			
9.	MANAGING MEMBERS/MANAGERS				
title Name Street address City-St-Zip	MGRM TAUBMAN-IVANHOE LLC 200 EAST LONG LAKE ROAD BLOOMFIELD HILLS, MI 48304				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	becover age of the test of the	¥ → Æ		UDH000316416 04/19/05-80071-019 5	ŭ.uů
TITLE NAME STREET ADDRESS SMY-ST-ZIP			DO	NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP			IN ⁻	THIS SPACE	
TITLE NAME STREET ADDRESS GITY - ST - ZIP				-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

11. Thereby 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 lopon 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 of the receiver or trustee emprovered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:

Dennis J. Hecht