


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000000034
 1. Entity Name
 7100 MUNICIPAL DRIVE LLC



Principal Place of Business 6735 TELEGRAPH ROAD, SUITE 110 BLOOMFIELD HILLS, MI 48301-3141	Mailing Address 6735 TELEGRAPH ROAD, SUITE 110 BLOOMFIELD HILLS, MI 48301-3141
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06302005No Chg-LLC CR2E083 (10/03)

4. FEI Number 61-1433286	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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable DATE

Filing Fee is \$50.00
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MDG OLANDO I LLC 6735 TELEGRAPH ROAD, SUITE 110 BLOOMFIELD HILLS, MI 483013141
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date: 7/1/05 Daytime Phone # _____