


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 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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DO NOT WRITE IN THIS SPACE



01312008 No Chg-LLC CR2E083 (12/07)

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

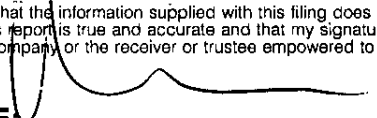
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ATMF 7100 MANAGER LLC 6735 TELEGRAPH ROAD, SUITE 110 BLOOMFIELD HILLS, MI 483013141
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U00000838166
 03/05/08-80020-014 138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  *Michael D. Gorge*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Member of ATMF 7100 Manager LLC
Its Manager 1/31/08 (248)540-7600
Date Daytime Phone #