2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000000335

1. Entity Name
THE COOLIDGE GROUP LLC



FILED Apr 28, 2006 08:00 AM Secretary of State

Principal Place of Business

3100 WEST BIG BEAVER ROAD TROY, MI 48084-3163

Mailing Address

TROY, MI 48084-3163



DO NOT WRITE IN THIS SPACE

01182006No Chg-LLC CR2E083 (11/05)

4. FEI Number 38-2332504

Applied For .
Not Applicable

5. Certificate of Status Desired

\$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

DO NOT WRITE IN THIS SPACE

PLANTATION, FL 33324		IN	IN THIS SPACE	
	named entity submits this statement for the purpose of chilippins of registered agent.	anging its registered office or registered agent, or	both, in the State of Florida. I am familiar with, and accep	
SIGNATURE_	Signalure, typed or printed name of registered agent and titls if explicable	(NOTE: Registered Agent signature required when reinstating)	OACE	
F	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS	=1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KMART CORPORATION 3100 WEST BIG BEAVER ROAD TROY, MI 480843163		U00000542452 05/10/06-80095-023 50.00	
TITLE NAME STREET ADDRESS GITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP		DC	OO NOT WRITE N THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE				

11. I hereby cently 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 it 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: Maple

STREET ADDRESS CITY-ST-ZIP

JAMES L. MISPLON

4/27/06

248-463-1070