


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90374 001 \*\*\*\*50.00

|   |   |                                 |   |   |  |
|---|---|---------------------------------|---|---|--|
| DOCUMENT # M03000002374   |   |                                 |   |  |  |
| 1. Entity Name<br><b>RAMCO LANTANA LLC</b>  |   |                                 |   |   |  |
| Principal Place of Business<br><b>31500 NORTHWESTERN HWY SUITE 300<br/>FARMINGTON HILLS, MI 48334</b>   |   |                                 | Mailing Address<br><b>31500 NORTHWESTERN HWY SUITE 300<br/>FARMINGTON HILLS, MI 48334</b> |   |  |
| 2. Principal Place of Business  |   |                                 | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.   |   |                                 | Suite, Apt. #, etc.   |   |  |
| City & State  |   |                                 | City & State  |   |  |
| Zip   |   | Country                         |   | Zip   |  |
|   |   |                                 |   | Country   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>   |   |                                 |   | 7. Name and Address of New Registered Agent                                       |  |
|   |   |                                 |   | Name  |  |
|   |   |                                 |   | Street Address (P.O. Box Number is Not Acceptable)                                |  |
|   |   |                                 |   | City  |  |
|   |   |                                 |   | FL Zip Code   |  |
| 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) DATE _____   |   |                                 |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |   |                                 | <b>Make check payable to<br/>Florida Department of State</b>                              |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |   |                                 |   | 10. ADDITIONS/CHANGES   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGR<br>RAMCO LANTANA MANAGER LLC<br>27600 NORTHWESTERN HWY, STE 200<br>SOUTHFIELD, MI 48034 | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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: _____  |   |                                 |   | Date: <b>3.29.05</b> Daytime Phone #: <b>248.350.9900</b>                         |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |                                 |   |   |  |

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4. FEI Number **38-3212115** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required