

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000097

Entity Name: 7342 WEEPING WILLOW LLC

FILED  
Feb 25, 2006  
Secretary of State

**Current Principal Place of Business:**

7342 WEEPING WILLOW DRIVE  
SARASOTA, FL 342416432

**New Principal Place of Business:**

**Current Mailing Address:**

3857 FAR HILL DRIVE  
BLOOMFIELD HILLS, MI 48304

**New Mailing Address:**

FEI Number: 20-0470309

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLAIR, JILL M  
7342 WEEPING WILLOW DRIVE  
SARASOTA, FL 342416432 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WEST, WILSON J JR  
Address: 931 LAMPOST LANE  
City-St-Zip: BLOOMFIELD, MI 483041942

Title: MGRM ( ) Delete  
Name: CLAIR, JILL M  
Address: 3857 FARHILL  
City-St-Zip: BLOOMFIELD HILLS, MI 48304

Title: MGRM ( ) Delete  
Name: LYNCH, MARY L  
Address: 68512 WINGATE  
City-St-Zip: ROMEO, MI 48095

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JILL M CLAIR

MGRM

02/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date