

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0400000097

FILED
May 04, 2008
Secretary of State

Entity Name: 7342 WEEPING WILLOW LLC

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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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 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 CLAIR

MGRM

05/04/2008

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