


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90154 035 ****50.00

DOCUMENT # M0400000085	
1. Entity Name GENERATIONS MANAGEMENT LLC	

Principal Place of Business 13919 S. WEST BAY SHORE DRIVE, STE. G-01 TRAVERSE CITY, MI 49684	Mailing Address 13919 S. WEST BAY SHORE DRIVE, STE. G-01 TRAVERSE CITY, FL 49684
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DO NOT WRITE IN THIS SPACE



01122005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 38-3469011	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**AGENTS AND CORPORATIONS, INC.
773 4TH AVENUE NORTH, SUITE E
NAPLES, FL 34102**

**DO NOT WRITE
IN THIS SPACE**

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 constituting) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NIELSON, DALE M 13919 S. WEST BAY SHORE DRIVE, STE. G-01 TRAVERSE CITY, MI 49684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REID, CORI 13919 S. WEST BAY SHORE DRIVE, STE. G-01 TRAVERSE CITY, MI 49684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NIELSON, KEITH M 13919 S. WEST BAY SHORE DRIVE, STE. G-01 TRAVERSE CITY, MI 49684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CROSBY, JONATHAN 13919 S. WEST BAY SHORE DRIVE, STE. G-01 TRAVERSE CITY, MI 49684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

*Please change
our address to
reflect the state
of Michigan.
Thank-you!*

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Keith M. Nielson
Manager

Jonathan E. Crosby
Manager