


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M04000000855</b> 1. Entity Name <b>GENERATIONS MANAGEMENT LLC</b>	
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Principal Place of Business <b>13919 S WEST BAY SHORE DRIVE SUITE G-01 TRAVERSE CITY, MI 49684</b>	Mailing Address <b>13919 S WEST BAY SHORE DRIVE SUITE G-01 TRAVERSE CITY, MI 49684</b>
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01072008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>38-3469011</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**AGENTS AND CORPORATIONS, INC.  
300 FIFTH AVENUE SOUTH  
SUITE 101-330  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

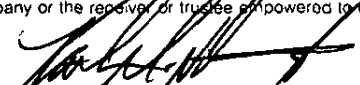
**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

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 NIELSON, CORI E 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 E 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	

U000000783195  
01/16/08-80005-003 138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify 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 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