

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000855

FILED
Jan 16, 2009
Secretary of State

Entity Name: GENERATIONS MANAGEMENT LLC

Current Principal Place of Business:

13919 S WEST BAY SHORE DRIVE
SUITE G-01
TRAVERSE CITY, MI 49684

New Principal Place of Business:

Current Mailing Address:

13919 S WEST BAY SHORE DRIVE
SUITE G-01
TRAVERSE CITY, MI 49684

New Mailing Address:

FEI Number: 38-3469011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.
300 FIFTH AVENUE SOUTH
SUITE 101-330
NAPLES, FL 34102 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: MGR () Delete
Name: NIELSON, DALE M
Address: 13919 S WEST BAY SHORE DRIVE, STE. G-01
City-St-Zip: TRAVERSE CITY, MI 49684

Title: MGR () Delete
Name: NIELSON, CORI E
Address: 13919 S WEST BAY SHORE DRIVE, STE. G-01
City-St-Zip: TRAVERSE CITY, MI 49684

Title: MGR () Delete
Name: NIELSON, KEITH M
Address: 13919 S WEST BAY SHORE DRIVE, STE. G-01
City-St-Zip: TRAVERSE CITY, MI 49684

Title: MGR () Delete
Name: CROSBY, JONATHAN E
Address: 13919 S WEST BAY SHORE DRIVE, STE. G-01
City-St-Zip: TRAVERSE CITY, MI 49684

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:

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: KEITH M. NIELSON

MGR

01/16/2009

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