

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M04000000856

1. Entity Name
GENERATIONS REALTY LLC



Principal Place of Business
**13919 S WEST BAY SHORE DRIVE
SUITE G-01
TRAVERSE CITY, MI 49684**

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



01072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0014135

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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 _____

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

000000783194
01/16/08-80005-002 138.75

**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

Date **1-9-08**

Daytime Phone # **231-946-8772**