

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001656

Entity Name: WALL STREET VENTURES, L.L.C.

FILED
Sep 16, 2005
Secretary of State

Current Principal Place of Business:

30095 NORTHWESTERN HIGHWAY, SUITE 100
FARMINGTON HILLS, MI 48334

New Principal Place of Business:

30095 NORTHWESTERN HIGHWAY, SUITE 300
FARMINGTON HILLS, MI 48334

Current Mailing Address:

30095 NORTHWESTERN HIGHWAY, SUITE 100
FARMINGTON HILLS, MI 48334

New Mailing Address:

30095 NORTHWESTERN HIGHWAY, SUITE 300
FARMINGTON HILLS, MI 48334

FEI Number: 41-2053325 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:

ZEDECK, LEONARD E ESQ.
13790 N.W. 4TH STREET, SUITE 113
SUNRISE, FL 33325 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: KARCHO, HANNA
Address: 30095 NORTHWESTERN HIGHWAY, SUITE 100
City-St-Zip: FARMINGTON HILLS, MI 48334

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KARCHO, HANNA
Address: 30095 NORTHWESTERN HIGHWAY, SUITE 300
City-St-Zip: FARMINGTON HILLS, MI 48334

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HANNA KARCHO

MGRM

09/16/2005

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