

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90056 036 ****50.00

DOCUMENT # M04000001697

1. Entity Name
MAYFAIR HOTEL PROPERTY INVESTORS, L.L.C.



Principal Place of Business
**36400 WOODWARD AVENUE, STE. 118
BLOOMFIELD HILLS, MI 48304**

Mailing Address
**36400 WOODWARD AVENUE, STE. 118
BLOOMFIELD HILLS, MI 48304**

20051463



2. Principal Place of Business

3. Mailing Address

Sui **222 MERRILL STREET, SUITE 100
BIRMINGHAM MI 48009-6147**

S **222 MERRILL STREET, SUITE 100
BIRMINGHAM MI 48009-6147**

04272005 Chg-LLC CR2E083 (10/03)

City

City & State

4. FEI Number
20-1049612

Applied For
Not Applicable

Zip Country
USA

Zip Country
USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCINTOSH, ANDREW L
101 E. KENNEDY BLVD., STE. 2000
TAMPA, FL 33602**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MAYFAIR HOTEL MANAGER, L.L.C.
8609 WEST BRYN MAWR AVENUE, STE. 209
CHICAGO, IL 60631** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Geoffrey L. Hockman 04-27-05

248-433-0713