## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: Kathleen B. McCann
signature and typed or printed name of signing managing member, or authorized representative

## FILED Apr 26, 2006 08:00 AM Secretary of State

20-1379124 Not Applic  5. Certificate of Status Desired \$5.00 Additional Fee Required  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324  B. 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 acc the obligations of registered agent.  SIGNATURE Signature, typed or proted mens of registered agent and Mini septicable. (NOTE. Registered Agent algoritum required when remaining)  DATE  Filling Fee is \$50.00 Due by May 1, 2006  9. MANAGING MEMBERS/MANAGERS 1711L MARK MCCANN, KATHLEEN B 3180EL ADDRESS 250.01 A-DRESS AND 14-DRESS SUBJECT ADD 14-DRESS SUBJECT	1, Entity Name SOAVE TREATMENT L.L.C.			·
DO NOT WRITE IN THIS SPACE    Description	3400 EAST LAFAYETTE 3400 EAS	ST LAFAYETTE		
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324  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 acc the obligations of registered agent.  SIGNATURE Specific pred or puriod name of registered agent and Min if applicable.  MOTE Registered Agent signature required when retreating)  DATE  Filling Fee is \$50.00 Due by May 1, 2006  9. MANAGING MEMBERS/MANAGERS  TITLE NAME MCCANN, KATHLEEN B SIREEI ADDRESS 3400 EAST LAFAYETTE DETROIT, MI 48207  110.0000534502 115.118.716-80014-021 S0.110			04112006No Chg-LLC  4. FEI Number 20-1379124	CR2E083 (11/05) Applied Far Not Applicable  \$5.00 Additional
the obligations of registered agent.  SIGNATURE Signature. Typed or printed neme of registered agent and Mile Kappticable. (MOTE. Registered Agent signature required when reinstating)  DATE  Filling Fee is \$50.00 Due by May 1, 2006  9. MANAGING MEMBERS/MANAGERS  TITLE MGR MCCANN, KATHLEEN B  SIREEL ADDRESS CITY-SI-ZIP DETROIT, MI 48207  10000534502	C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD	ent		
### MGR  #### MCCANN, KATHLEEN B  SIREEI ADDRESS  CITY-S1-ZIP  DETROIT, MI 48207  #### MGR  #### MCCANN, KATHLEEN B  \$100000534502  ###################################	the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.			
NAME SIRLEI ADDRESS GITY- ST-ZIP	MGR MCCANN, KATHLEEN B SIREEI ADDRESS CITY-SI-ZIP CETROIT, MI 48207 TITLE NAME SIREEI ADDRESS	is .	tiooo <u>ō</u> os 85,708,706-8	534502 30014-021 50.80
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO NOT WRITE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP	NAME STHEET ADDRESS CITY -ST-ZIP  KITLE NAME STREET ADDRESS			
TIFLE NAME SIRRET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP  11. 1 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	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		or in Chapter 110. Flexible Classics	further could that the information