

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 24, 2005 8:00 am
Secretary of State

04-29-2005 90056 037 ****50.00

DOCUMENT # M04000003362 1. Entity Name SOUTH BEACH MANAGER, 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		
2. Principal Place of Business 222 MERRILL STREET, SUITE 100 BIRMINGHAM MI 48009-6147		3. Mailing Address 222 MERRILL STREET, SUITE 100 BIRMINGHAM MI 48009-6147			
City & State _____		4. FEI Number 20-1492230			
Zip _____		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCINTOSH, ANDREW L. 101 E. KENNEDY BLVD., STE. 2000 TAMPA, FL 33602			7. Name and Address of New Registered Agent 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 _____ (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	MGR FALOR, ROBERT 8609 W. BRYN MAWR AVE., STE. 209 CHICAGO, IL 60631	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MSD INVESTMENTS, LLC 36400 WOODWARD AVENUE, STE. 118 BLOOMFIELD HILLS, MI 48304	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	☐ Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	☐ Delete			
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: <u>Geoffrey L. Hockman</u> Date: <u>04/27/05</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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