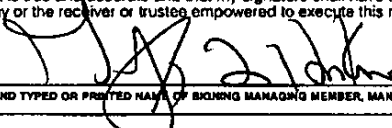


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

May 24, 2005 8:00 am
Secretary of State

04-29-2005 90056 035 ****50.00

DOCUMENT # M04000003654			
1. Entity Name SOUTH BEACH INVESTORS, L.L.C.			
Principal Place of Business 36400 WOODWARD AVENUE, SUITE 118 BLOOMFIELD HILLS, MI 48304		Mailing Address 36400 WOODWARD AVENUE, SUITE 118 BLOOMFIELD HILLS, MI 48304	
2. Principal Place of Business		3. Mailing Address	
St 222 MERRILL STREET, SUITE 100 BIRMINGHAM MI 48009-6147	Sui 222 MERRILL STREET, SUITE 100 BIRMINGHAM MI 48009-6147	04272005 Chg-LLC CR2E083 (10/03)	
C	City	4. FEI Number 20-1600476	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 MCINTOSH, ANDREW L 101 E. KENNEDY BLVD., SUITE 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 reappointing) 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 SOUTH BEACH MANAGER, L.L.C. 36400 WOODWARD AVENUE, SUITE 118 BLOOMFIELD HILLS, MI 48304 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	222 MERRILL STREET, SUITE 100 BIRMINGHAM MI 48009-6147 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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: 		Date: 04/27/05 248-453-0713	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			