2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2008
Secretary of State

DOCUMENT# M04000003756

Entity Name: ATWELL-HICKS, LLC

Current Principal Place of Business:

500 AVIS DRIVE SUITE 100
ANN ARBOR, MI 48108

New Principal Place of Business:

Current Mailing Address:

500 AVIS DRIVE SUITE 100
ANN ARBOR, MI 48108

New Mailing Address:

FEI Number: 38-1343270 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	MGR	( ) Delete
Name:	MACOMBER, ROBERT G	
Address:	500 AVIS DRIVE SUITE 100	
City-St-Zip:	ANN ARBOR, MI 48108	
Title:	MGR	( ) Delete
Name:	SKOCHELAK, JAMES D	
Address:	500 AVIS DRIVE SUITE 100	
City-St-Zip:	ANN ARBOR, MI 48108	
Title:	MGR	( ) Delete
Name:	WENZEL, BRIAN R	
Address:	500 AVIS DRIVE SUITE 100	
City-St-Zip:	ANN ARBOR, MI 48108	
Title:	MGR	( ) Delete
Name:	SHELLY, TODD D	
Address:	500 AVIS DRIVE SUITE 100	
City-St-Zip:	ANN ARBOR, MI 48108	
Title:	MGR	( ) Delete
Name:	MCNULTY, DANIEL E	
Address:	500 AVIS DRIVE, SUITE 100	
City-St-Zip:	ANN ARBOR, MI 48108	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	( ) Change (X) Addition
Name:	HENDERSON, WILLIAM C	
Address:	500 AVIS DRIVE, SUITE 100	
City-St-Zip:	ANN ARBOR, MI 48108	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JAMES SKOCHELAK MGR 03/18/2008

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