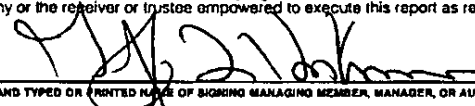


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

May 24, 2005 8:00 am
Secretary of State

04-29-2005 90056 039 ****50.00

DOCUMENT # M04000004131					
1. Entity Name TIDES HOTEL INVESTORS, LLC					
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			3. Mailing Address		
Suite 222 MERRILL STREET, SUITE 100 BIRMINGHAM MI 48009-6147			Suite 222 MERRILL STREET, SUITE 100 BIRMINGHAM MI 48009-6147		
City			City		
Zip			Zip		
Country USA			Country USA		
4. FEI Number 20-1697592			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			Additional Fee Required \$5.00		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Name MCINTOSH, ANDREW L.			Name		
Street Address (P.O. Box Number is Not Acceptable) 101 E. KENNEDY BLVD STE. 2000 TAMPA, FL 33602			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State 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 re-registering) 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 TIDES MANAGER, LLC 36400 WOODWARD AVENUE STE 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: 04-27-05 248-435-0713		