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	Mailing Address
36400 WOODWARD AVENUE STE 118 BLOOMFIELD HILLS, MI 48304	36400 WOODWARD AVENUE STE 118 BLOOMFIELD HILLS, MI 48304

04272005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suit 222 MERRILL STREET, SUITE 100 BIRMINGHAM MI 48009-6147	S 222 MERRILL STREET, SUITE 100 BIRMINGHAM MI 48009-6147
City	City-St-State
Zip / Country USA	Zip / Country USA

4. FEI Number 20-1697592 ☐ Applied For ☐ Not Applicable

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (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 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
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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: Geoffrey L. Hockman 04-27-05 248-433-0713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone