2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jan 12, 2007 8:00 am **Secretary of State DOCUMENT # M04000004138** 01-12-2007 90029 035 ****50.00 SOUTH HARBOR PROPERTIES, LLC Principal Place of Business Mailing Address 930 CAMBRIDGE 930 CAMBRIDGE BERKLEY, MI 48072 BERKLEY, MI 48072 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-1454856 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent A1A REGISTERED AGENT, INC. Street Address (P.O. Box Number is Not Acceptable) 92 SADBERRY ROAD QUINCY, FL 32351 City 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) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM -TITLE ☐ Delete TIFLE WAGSONER, DONALD II NAME NAME 2912 Home wood Dr. Troy, MI 48098 STREET ADDRESS 930 CAMBRIDGE STREET ADDRESS CITY-ST-ZIP BERKLEY, MI 48072 CITY-ST-ZIP MGRM Delete ☐ Change ☐ Addition IIII F ŧΠΕ CALENDER, LAURA A NAME NAME STREET ADDRESS 930 CAMBRIDGE STREET ADDRESS BERKLEY, MI 48072 CITY-ST-ZIP CITY-ST-ZIP MGRM Delete Change Change ■ Addition VALLETTA, KAY MALC NAME 9342 Purdy Lane Granite Bay, CA 95746 930 CAMBRIDGE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BERKLEY, MI 48072 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITI F IIILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7P Oetete TITLE Change ■ Addition TITLE

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

NAME

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP