2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000005057

1. Entity Name
LEAR I, LLC

Principal Place of Business	Mailing Address
1725 NW 51 PLACE FORT LAUDERDALE, FL 33309	1725 NW 51 PLACE FORT LAUDERDALE, FL 33309

60055002

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
ONE TOWNE SQUARE	ONE TOWNE SQUARE	07022007 Chg-LLC CR2E083 (12/06)
Suite, Apt #, etc SUITE 1913	Suite, Apt #, etc SUITE 1913	
City & State SOUTHFIELD, MI	City & State SOUTHFIELD, MI	4. FEI Number 20-1059168 — Applied For / Not Applicable
Zip 48076 Country USA	Zip 48076 Country USA	5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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 September 14, 2007**		**Make check payable to** **Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME HANSEN, STEPHEN STREET ADDRESS 1725 NW 51 PLACE CITY-ST-ZIP FORT LAUDERDALE, FL 33309	☒ Delete	TITLE MGR NAME PETER SINATRA STREET ADDRESS ONE TOWNE SQUARE, SUITE 1913 CITY-ST-ZIP SOUTHFIELD, MI 48076	☒ 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
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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 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/15/2007   248-862-8000
Date   Daytime Phone #