## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 05, 2008 08:00 A Secretary of State

DOCUN 1. Entity Name LEAR I, LL		5057			, <del>;;</del> "
Principal Place of Business - Mailing Address  ONE TOWNE SQUARE STE 1913 ONE TOWNE SQUARE STE 1913 SOUTHFIELD, MI 48076 SOUTHFIELD, MI 48076					
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent				01232008 No Chg-LLC  4. FEI Number 20-1059168  5. Certificate of Status Desired	R2E083 (12/07)  Applied For  Not Applicable
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			DO NOT WRITE IN THIS SPACE		
B. 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, types or purises have of registered agent and tall of apposable  [14018 Registered Agent signatured when required when remissing)  DATE					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
9,	MANAGING MEM	BERS/MANAGERS	1		
TITLE NAME SIREEF ADDRESS CITY-SI-71P	SINATRA, PETER ONE TOWNE SQUARE STE 1 SOUTHFIELD, MI 48076	913		HODOOO	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP				0000008 02/14/08-8	10035-002 138.75
THTLE			]		
STREET ADDRESS CITY-ST-ZIP				DO NOT WR	i
TIFLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPA	CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. I hereby certily that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certily that the information indicated on this report is tolerand 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: Peter Sinatra 1-25-08					
		E OF SIGNING MANAGING MEMBER, OR AUTHOR	ZED REPRESENTATIVE	Date	Daytime Phone #