## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

1. Enlity Name LEAR II, LLC	
Principal Place of Business ONE TOWNE SQUARE STE 1913 SOUTHFIELD, MI 48076 ONE TOWNE SQUARE STE 195 SOUTHFIELD, MI 48076 ONE TOWNE SQUARE STE 195 SOUTHFIELD, MI 48076	
DO NOT WRITE IN THIS SPA	01232008 No Chg-LLC CR2E083 (12/07)  4. FEI Number Applied For 20-1059721 Not Applicable  5. Certificate of Status Desired \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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 report or posterior agent and size of applicable. (NOTE: Registered Agent signature required when reinstating)  PILE NOW!!! FEE IS \$138.75  After May 1, 2008 Fee will be \$538.75	
9. MANAGING MEMBERS/MANAGERS  IIILE INAME SINATRA, PETER ONE TOWNE SQUARE STE 1913 SOUTHFIELD, MI 48076  TITLE INAME STREET ADDRESS CITY-SI-ZIP  STREET ADDRESS CITY-SI-ZIP	U00000816079 02/14/08-80035-001 138.75
TITLE TABLE STREET ADDRESS CITY-ST-ZIP TITLE TABLE STREET ADDRESS CITY-ST-ZIP TITLE TABLE	DO NOT WRITE IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP  INTLE NAME STREET ADDRESS CITY-ST-ZIP  11. I hereby certify that the information expensed with this filling does not qualify for the indicated on this report is true and escurate and that my signature shall have the s limited liability company or the receiver or trustee empowered to execute this report	exemptions contained in Chapter 119, Florida Statutes, I further certify that the information ame legal effect as it made under oath; that I am a managing member or manager of the t as required by Chapter 608, Florida Statutes

Peter Sinatra

SIGNATURE AND TYPED OR PRIN

1-25-08

Daytime Phone #