## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # M05000002195

2390 BELCHER RD., LLC



**FILED** Mar 24, 2008 08:00 Al Secretary of State

Principal Place of Business

ONE TOWNE SQUARE, SUITE 1913 26100 NORTHWESTERN HIGHWAY SOUTHFIELD, MI 48076

Mailing Address

ONE TOWNE SQUARE, SUITE 1913 **26100 NORTHWESTERN HIGHWAY** SOUTHFIELD, MI 48076



03142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 38-3640099 

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Rogistered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

SIGNATURE AND TYPED OR PRINTED NA

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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		
GIGHATORE	Signature, typed or printed name of registered agent and little if applicable (NOTE, Reg	stered Agent signature required when reinstaling) DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SELIGMAN FLP, INC. 26100 NORTHWESTERN HWY., STE 1913 SOUTHFIELD, MI 48076	U00000867260
TITLE NAME STREET ADDRESS CITY-ST-ZIP		04/08/08-80062-016 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CHY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP		
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 mostee empowered to execute this report as required by Chapter 608, Florida Statutes.		

President of Manager

IE OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE