## **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## DOCUMENT # M05000002200

1. Entity Name

ONE TOWNE SQUARE, SUITE 1913

26100 NORTHWESTERN HIGHWAY

Principal Place of Business

SOUTHFIELD, MI 48076

SIGNATURE:

1111 TAMIAMI MERGER, LLC



Mailing Address

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

## **FILED** Apr 06, 2007 08:00 A Secretary of State



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03302007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 30-0017355 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

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

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the obligations of registered agent.  SIGNATURE			
	Signature, typed or printed name of registered agent and little if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
NAME STREET ADDRESS CHY-ST-ZIP	MGR SELIGMAN FLP, INC. 26100 NORTHWESTERN HIGHWAY, STE 1913 SOUTHFIELD, MI 48076		U00000693186 04/16/07-80029-013 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.			

Scott J. Seligman, President of Manager

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