## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # M05000002202

1. Entity Name

420 N. MAIN ST., LLC

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

## FILED Mar 24, 2008 08:00 A Secretary of State



03142008 No Chg-LLC

CR2E083 (12/07)

(248)862-8000

3-18-08

4. FEI Number 30-0017382

Applied For 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

SIGNATURE:

## 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, typed or printed name of registered agent and title if applicable (NDTE Registered Agent signature required when reinstating)  DATE   |   |             | DATE                                      |
| FILE NOWIII FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75  |   |             |   |
| 9.   | MANAGING MEMBERS/MANAGERS   |             |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CHY-ST-ZIP  | MGR<br>SELIGMAN FLP, INC.<br>26100 NORTHWESTERN HIGHWAY, SUITE 1913<br>SOUTHFIELD, MI 48076 |             | U00000867254<br>04/08/08-80062-013 138.75 |
| TITLE NAME STREET ADDRESS CHY-SI-ZIP   |   |             | 011 00. 00 00000 010 1001.0               |
| TITLE NAME STREET ADORESS CITY-ST-ZIP  |   | DO          | NOT WRITE                                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | IN .        | THIS SPACE                                |
| NAME STREET ADDRESS CITY-ST-ZIP  |   |             |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | <del></del> |   |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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 prustee empowered to execute this report as required by Chapter 608, Florida Statutes. |   |             |   |

Scott J. Sellgman

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

President of Manager