2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT
DOCUMENT # M05000002739

1. Entity Name
FLA. PROPERTIES #116, L.L.C.

Principal Place of Business

Mailing Address

7115 ORCHARD LAKE ROAD STE 220 WEST BLOOMFIELD, MI 48322 7115 ORCHARD LAKE ROAD STE 220 WEST BLOOMFIELD, MI 48322 FILED Feb 20, 2006 08:00 AM Secretary of State



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02132006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 32-0145420

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

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

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| The above named entity submits this statement (or the purpose of cha the obligations of registered agent. | anging its registered office or registered agent, or both, in the | State of Florida, 1 am familiar with, and accept |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------|
| ine obligations of registrose agents. | - | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable | (NOTE: Registered Agent signature required when reinslating) | DATE |
| Filing Fee Is \$50.00 | | _ |

Filing Fee Is \$50.00 Due by May 1, 2006

MANAGING MEMBERS/MANAGERS 9. TITLE FLA. PROPERTIES #116 S.P.E. INC. NAME 7115 ORCHARD LAKE ROAD STE 220 STRELT ADDRESS CITY-ST-ZIP WEST BLOOMFIELD, MI 48322 NAME STREET ADDRESS City-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DITY-ST-ZIP NAME STREET ADDRESS CHY-ST-ZIP HITLE NAME STREET ADDRESS

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11. I hereby certify that the information supplied with this filling 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 it made under path; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

JRE: MAL ALL
BIONATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

62/13/06

24x-932 - 0060

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