

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M05000003320

**FILED**  
**Jun 14, 2007**  
**Secretary of State**

**Entity Name:** LITTLE INN MANAGEMENT, LLC

**Current Principal Place of Business:**

30095 NORTHWESTERN HIGHWAY, SUITE #300  
FARMINGTON HILLS, MI 48334

**New Principal Place of Business:**

40800 WOODWARD AVENUE  
BLOOMFIELD HILLS, MI 48302

**Current Mailing Address:**

30095 NORTHWESTERN HIGHWAY, SUITE #300  
FARMINGTON HILLS, MI 48334

**New Mailing Address:**

40800 WOODWARD AVENUE  
BLOOMFIELD HILLS, MI 48302

**FEI Number:** 13-4300499

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FALK, LLOYD  
600 S.W. 4TH AVENUE  
FT. LAUDERDALE, FL 33315 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: LLOYD FALK

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KARCHO, HANNA  
Address: 30095 NORTHWESTERN HIGHWAY, SUITE #300  
City-St-Zip: FARMINGTON HILLS, MI 48334

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KARCHO, HANNA  
Address: 40800 WOODWARD AVENUE  
City-St-Zip: BLOOMFIELD HILLS, MI 48302

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: HANNA KARCHO

MGRM

06/14/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date