2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 09, 2005 08:00 AM
Secretary of State

DOCUMENT # M05000003554

1. Entity Name
P&P MHC ESTATES GP, LLC

Principal Place of Business
31200 NORTHWESTERN HWY
FARMINGTON HILLS, MI 48334

Mailing Address
P.O. BOX 339695
FARMINGTON HILLS, MI 48333

DO NOT WRITE IN THIS SPACE

05102005No Chg-LLC CR2E083 (10/03)

4. FEI Number 52-2108078 — 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

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 (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 7, 2005

000000369279
06/09/05-80002-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PARTRICH, ROSS H
STREET ADDRESS	P.O. BOX 339695
CITY-ST-ZIP	FARMINGTON HILLS, MI 48333
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ Tracy Soltis - Agent 5/10/05 (248) 626-0737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #