


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 24, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000003830 1. Entity Name DEVELOPMENT SERVICES GROUP, LLC		
Principal Place of Business 500 AVIS DRIVE, SUITE 200 ANN ARBOR, MI 48108	Mailing Address 500 AVIS DRIVE, SUITE 200 ANN ARBOR, MI 48108	



08012006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3304392	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

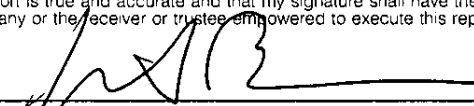
**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAEUSSLER, JAMES G 500 AVIS DRIVE, SUITE 200 ANN ARBOR, MI 48108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENDERSON, WILLIAM C 500 AVIS DRIVE, SUITE 200 ANN ARBOR, MI 48108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MACOMBER, ROBERT C 500 AVIS DRIVE, SUITE 200 ANN ARBOR, MI 48108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MICHALAK, DENNIS J 500 AVIS DRIVE, SUITE 200 ANN ARBOR, MI 48108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TIMMONS, RICHARD G 500 AVIS DRIVE, SUITE 200 ANN ARBOR, MI 48108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WENZEL, BRIAN R 500 AVIS DRIVE, SUITE 200 ANN ARBOR, MI 48108

U000000575236
08/24/06-80006-016 50.00

**DO NOT WRITE
IN THIS SPACE**

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **WILLIAM J. BURRIS** 8/18/06 734 994 4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #