

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 24, 2007 8:00 am
Secretary of State

07-24-2007 90012 038 ****50.00

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07062007 Chg-LLC CR2E083 (12/06)

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	
2. Principal Place of Business - No P.O. Box # 500 AVIS DRIVE Suite, Apt. #, etc. SUITE 100 City & State ANN ARBOR, MI Zip 48108		3. Mailing Address 500 AVIS DRIVE Suite, Apt. #, etc. SUITE 100 City & State ANN ARBOR, MI Zip 48108	
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	
7. Name and Address of New Registered Agent Name MACOMBER, ROBERT Street Address (P.O. Box Number is Not Acceptable) 4805 INDEPENDENCE PARKWAY SUITE 250 City TAMPA		Zip Code FL 33634	
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 DATE 7/10/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAEUSSLER, JAMES G 500 AVIS DRIVE, SUITE 200 ANN ARBOR, MI 48108	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENDERSON, WILLIAM C 500 AVIS DRIVE, SUITE 200 ANN ARBOR, MI 48108	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MACOMBER, ROBERT C 500 AVIS DRIVE, SUITE 200 ANN ARBOR, MI 48108	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MICHALAK, DENNIS J 500 AVIS DRIVE, SUITE 200 ANN ARBOR, MI 48108	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TIMMONS, RICHARD G 500 AVIS DRIVE, SUITE 200 ANN ARBOR, MI 48108	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WENZEL, BRIAN R 500 AVIS DRIVE, SUITE 200 ANN ARBOR, MI 48108	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAEUSSLER, JAMES G 500 AVIS DRIVE, SUITE 200 ANN ARBOR, MI 48108	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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:		Date 7/10/07 Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			