

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003830

FILED
Jan 09, 2009
Secretary of State

Entity Name: DEVELOPMENT SERVICES GROUP, LLC

Current Principal Place of Business:

500 AVIS DRIVE, SUITE 100
ANN ARBOR, MI 48108

New Principal Place of Business:

Current Mailing Address:

500 AVIS DRIVE, SUITE 100
ANN ARBOR, MI 48108

New Mailing Address:

FEI Number: 38-3304392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACOMBER, ROBERT
4805 INDEPENDENCE PKWY STE 250
TAMPA, FL 33634 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HAEUSSLER, JAMES G
Address: 500 AVIS DRIVE, SUITE 100
City-St-Zip: ANN ARBOR, MI 48108

Title: MGR () Delete
Name: HENDERSON, WILLIAM C
Address: 500 AVIS DRIVE, SUITE 100
City-St-Zip: ANN ARBOR, MI 48108

Title: MGR () Delete
Name: MACOMBER, ROBERT C
Address: 500 AVIS DRIVE, SUITE 100
City-St-Zip: ANN ARBOR, MI 48108

Title: MGR () Delete
Name: MICHALAK, DENNIS J
Address: 500 AVIS DRIVE, SUITE 100
City-St-Zip: ANN ARBOR, MI 48108

Title: MGR () Delete
Name: TIMMONS, RICHARD G
Address: 500 AVIS DRIVE, SUITE 100
City-St-Zip: ANN ARBOR, MI 48108

Title: MGR () Delete
Name: WENZEL, BRIAN R
Address: 500 AVIS DRIVE, SUITE 100
City-St-Zip: ANN ARBOR, MI 48108

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT MACOMBER

MGR

01/09/2009

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