## 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M05000003830

Entity Name: DEVELOPMENT SERVICES GROUP, LLC

FILED Jan 07, 2010 Secretary of State

01/07/2010

Current Principal Place of Business: New Principal Place of Business:

500 AVIS DRIVE, SUITE 100 148 SOUTH INDUSTRIAL ANN ARBOR, MI 48108 SALINE, MI 48176

Current Mailing Address: New Mailing Address:

500 AVIS DRIVE, SUITE 100 148 SOUTH INDUSTRIAL ANN ARBOR, MI 48108 SALINE, MI 48176

FEI Number: 38-3304392 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

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

MACOMBER, ROBERT
6102 KIPPS COLONY DRIVE W
GULFPORT, FL 33707 US

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

Name: HAEUSSLER, JAMES G Address: 229 WILLIAMS STREET City-St-Zip: SALINE, MI 48176

Title: MGR

Name: HENDERSON, WILLIAM C Address: 655 BRIAR CLIFF DRIVE

City-St-Zip: GROSSE POINTE WOODDS, MI 48236

Title: MGR

Name: MACOMBER, ROBERT C
Address: 6102 KIPPS COLONY DRIVE W
City-St-Zip: GULFPORT, FL 33707

Title: MGR

Name: MICHALAK, DENNIS J Address: 811 GLAZIER ROAD City-St-Zip: CHELSEA, MI 48118

Title: MGR

Name: TIMMONS, RICHARD G Address: 1975 BROOKVIEW DRIVE City-St-Zip: SALINE, MI 48176

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 Title:
 MGR

 Name:
 WENZEL, BRIAN R

 Address:
 4378 ST ANDREWS DRIVE

 City-St-Zip:
 HOWELL, MI 48843

I hereby 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 Statues.

SIGNATURE: ROBERT MACOMBER MGR 01/07/2010

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