


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-24-2007 90407 019 ****50.00

DOCUMENT # M05000004167	
1. Entity Name SBHI 1, LLC	

Principal Place of Business 500 SOUTH DEARBORN STREET CHICAGO, IL 60605	Mailing Address 500 SOUTH DEARBORN CHICAGO, IL 60605
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2. Principal Place of Business - No P.O. Box # 222 Merrill #100	3. Mailing Address 222 Merrill #100
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Birmingham MI	City & State Birmingham MI
Zip 48009	Zip 48009
Country USA	Country USA

05172007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3211943	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
IURATO, KEVIN M 101 E. KENNEDY BLVD., SUITE 2000 TAMPA, FL 33602	

7. Name and Address of New Registered Agent	
Name Steven Mishan	
Street Address (P.O. Box Number is Not Acceptable) 848 Brickell Ave., Suite 1100	
City Miami	FL 33131

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 Steven Mishan	DATE 05/18/07
<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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOUTH BEACH MANAGER, L.L.C. 36400 WOODWARD AVENUE #118 BLOOMFIELD HILLS, MI 48304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	222 Merrill #100 Birmingham MI 48009 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: Geoffrey L. Hockman	DATE 05/18/07 DAYTIME PHONE # 248-433-0713
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	