


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

04-17-2006 90047 006 ****50.00

DOCUMENT # M05000004879					
1. Entity Name REPS, L.L.C.					
Principal Place of Business 500 KIRTS BLVD TROY, MI 48084			Mailing Address 500 KIRTS BLVD TROY, MI 48084		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANDLEMAN ENTERTAINMENT RESOURCES, LLC 500 KIRTS BLVD TROY, MI 48084	<input checked="" 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: <u>Kenneth P. Karst</u> 4-6-06 (248) 362-4400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					



ATTACHMENT
3000 7550



**Handleman
Company**

May 5, 2006

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Subject: REPS, L.L.C.

Reference Number: M05000004879

To Whom It May Concern:

Please disregard the correction that was made on the original annual report/uniform business report. We were unaware that the Title – MGRM translated to Managing Member. Handleman Entertainment Resources is the Managing Member so the change was deleted and we are sending back the report to show that modification. I apologize for any confusion that this may have caused.

If you have any questions or concerns, please contact me at 248-362-4400 X859.

Thank you,

Karen S. Casey
Assistant Tax Manager