


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

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

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>DOCUMENT # M05000004879</b>   |   |  |  |  |  |
| 1. Entity Name<br>REPS, L.L.C.   |   |  |  |   |  |
| Principal Place of Business<br>500 KIRTS BLVD<br>TROY, MI 48084  |   |  | Mailing Address<br>500 KIRTS BLVD<br>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  |   | Country  |  | Country   |  |
| 4. FEI Number<br>38-3597942  |   |  | Applied For<br>Not Applicable                        |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  |  | \$5.00 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324   |   |  | 7. Name and Address of New Registered Agent          |   |  |
| Name   |   |  | Name   |   |  |
| Street Address (P.O. Box Number is Not Acceptable)   |   |  | Street Address (P.O. Box Number is Not Acceptable)   |   |  |
| City   |   |  | 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 _____<br><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<br>Due by May 1, 2006  |   |  | Make check payable to<br>Florida Department of State |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |  | 10. ADDITIONS/CHANGES                                |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>HANDLEMAN ENTERTAINMENT RESOURCES, LLC <input checked="" type="checkbox"/> Delete<br>500 KIRTS BLVD<br>TROY, MI 48084 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change                      | <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change                      | <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change                      | <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change                      | <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change                      | <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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<br><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