M06000005731

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LIMITED LIABILITY REINSTATEMENT

ANN ARBOR ANNUITY EXCHANGE, LLC

Certificate of Status	0
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2007 LIMITED LIABILITY COMPANY REINSTATEMENT

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1. Entity Name
ANN ARBOR ANNUITY EXCHANGE, LLC

Principal Place of Business	Mailing Address
45 RESEARCH DRIVE STE D ANN ARBOR, MI 48105	45 RESEARCH DRIVE STE D ANN ARBOR, MI 48105

[redacted]

10052007 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-5539778 — Applied For / Not Applicable

5. Certificate of Status Desired [X] $5.00 Additional Fee Required

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: [signature] M.C. Summer Pavon Assistant Secretary 10/09/2007
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After January 1, 2008, Fee will be $280.00

Make check payable to: Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MEYER, KEVIN 45 RESEARCH DRIVE STE D ANN ARBOR, MI 48105	☐ Delete	MGR BRIAN PETERSON 5701 GOLDEN HILLS DR MINNEAPOLIS MN 55416	☐ Change ☒ Addition
	MGR BARTA, THOMAS 5701 GOLDEN HILLS DRIVE MINNEAPOLIS, MN 55416	☒ Delete		☐ Change ☐ Addition
	MGR GENGLER, BRIAN 5701 GOLDEN HILLS DRIVE MINNEAPOLIS, MN 55416	☒ Delete		☐ Change ☐ Addition
	MGR CHOUINARD, DARRYL 5701 GOLDEN HILLS DRIVE MINNEAPOLIS, MN 55416	☒ Delete		☐ Change ☐ Addition
	MGR LUMBARD, VAN 45 RESEARCH DRIVE STE D ANN ARBOR, MI 48105	☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ 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: [signature] Brian Peterson Manager 10/8/07 7637656500
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL EXECUTING FILING (MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) Date Daytime Phone #