2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2007
Secretary of State

DOCUMENT# M06000005870

Entity Name: REVEST FINANCIAL LLC

Current Principal Place of Business:

7 S SQUARE LAKE ROAD
BLOOMFIELD HILLS, MI 48302

New Principal Place of Business:

7 W SQUARE LAKE ROAD
BLOOMFIELD HILLS, MI 48302

Current Mailing Address:

7 S SQUARE LAKE ROAD
BLOOMFIELD HILLS, MI 48302

New Mailing Address:

7 W SQUARE LAKE ROAD
BLOOMFIELD HILLS, MI 48302

FEI Number: 25-1913955 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

AYLESWORTH, ROBERT
215 CELEBRATION PLACE, SUITE 500
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

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 ( ) Delete
Name: AYLESWORTH, CATHERINE L
Address: 7 S SQUARE LAKE ROAD
City-St-Zip: BLOOMFIELD HILLS, MI 48302

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: AYLESWORTH, CATHERINE L
Address: 7 W SQUARE LAKE ROAD
City-St-Zip: BLOOMFIELD HILLS, MI 48302

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 Statutes.

SIGNATURE: CATHERINE AYLESWORTH MGR 05/21/2007

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