

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/1 **FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

01-15-2008 90016 047 \*\*\*138.75

<b>DOCUMENT # M07000001977</b> 1. Entity Name <b>JACKSON HEIGHTS 2007 L.L.C.</b>					
Principal Place of Business <b>20250 HARPER AVENUE DETROIT, MI 48225</b>			Mailing Address <b>20250 HARPER AVENUE DETROIT, MI 48225</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country			
4. FEI Number <div style="text-align: right; font-weight: bold;">35-2293650</div>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<div style="text-align: right; font-weight: bold;">\$5.00 Additional Fee Required</div>	
6. Name and Address of Current Registered Agent  <b>GWC - 2004 L.L.C. 350 10TH STREET NORTH NAPLES, FL 34102</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <span style="float: right;">FL</span> 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMERICAN COMMUNITY DEVELOPERS, INC. 20250 HARPER AVENUE DETROIT, MI 48225 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	
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.					
<b>SIGNATURE:</b> _____		<b>Gerald A. Krueger, President</b> <b>of Managing Member</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small> <b>1/9/08</b>		<small>Daytime Phone</small> <b>(313) 881-8150</b>	

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01042008 Chg-LLC CR2E083 (12/06)