2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Jun 02, 2008 8:00 am
Secretary of State
04-10-2008 90214 001 *4,717.50

DOCUMENT # M07000002770

1. Entity Name

BR SUMMIT 28, LLC

Principal Place of Business	Mailing Address
100 PARK AVENUE, 34TH FLOOR NEW YORK NY 10017	100 PARK AVENUE, 34TH FLOOR NEW YORK NY 10017

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
680 Fifth Ave	16500 North Park Dr.
Suite, Apt. #, etc. 16th floor	Suite, Apt. #, etc. 202
City & State New York, NY	City & State Southfield MI
Zip 10019 Country USA	Zip 48075 Country USA

4. FEI Number — ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CLEMENTS, ROBERT W TRUSTEE		NAME		
STREET ADDRESS	1329 OAK CREEK COURT		STREET ADDRESS		
CITY-ST-ZIP	ELDORADO HILLS CA 95762		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CLEMENTS, PAMELA C TRUSTEE		NAME		
STREET ADDRESS	1329 OAK CREEK COURT		STREET ADDRESS		
CITY-ST-ZIP	ELDORADO HILLS CA 95762		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Deborah Hart 3/20/08 248-424-8293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #