

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000004553

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** FRANKLIN POINTE OFFICE CENTER, LLC

**Current Principal Place of Business:**

26400 W 12 MILE ROAD  
SUITE 50  
SOUTHFIELD, MI 48034 US

**New Principal Place of Business:**

**Current Mailing Address:**

26400 W 12 MILE ROAD  
SUITE 50  
SOUTHFIELD, MI 48034

**New Mailing Address:**

26400 W 12 MILE ROAD  
SUITE 50  
SOUTHFIELD, MI 48034 US

**FEI Number:** 02-0685439

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SOBEL, JEFFREY E MGRM  
2385 NW EXECUTIVE CENTER DRIVE  
SUITE 440  
BOCA RATON, FL 33431 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: MGRM  
Name: SAMUEL R. SOBEL REVOCABLE LIVING TRUST  
Address: 2385 NW EXECUTIVE CENTER DRIVE  
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGRM  
Name: JEFFREY E SOBEL REVOCABLE LIVING TRUST  
Address: 2385 NW EXECUTIVE CENTER DRIVE  
City-St-Zip: BOCA RATON, FL 33431 US

I hereby 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: JEFFREY E. SOBEL REVOCABLE LIVING TRUST

MGRM

04/28/2011

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