

2nd and
FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company
will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP -7 PM 1:45

1. Name and Mailing Address of Limited Liability Company MARCO BEACH CLUB ASSOCIATES, L.C. 16400 J.L. HUDSON DRIVE SOUTHFIELD MI 48075	DOCUMENT # M95000000005
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1a. Principal Place of Business Address 16400 J.L. HUDSON DRIVE SOUTHFIELD MI 48075

2. Principal Place of Business State, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Organized or Qualified 12/28/1994 4. FEI Number 38-3211775 5. Date of Last Report 03/02/1998	3a. State of Formation MI <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent PATRICK, CARL E ESQ. 7441 N. TAMiami TRAIL SARASOTA FL 34243	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent and accept the obligations

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	POLSELLI, REMO	16400 J.L. HUDSON DRIVE 30900 TELEGRAPH RD	SOUTHFIELD MI Bingham Farms MI 48025

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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address

SIGNATURE: _____
PRINTED AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER _____ Date _____ Daytime Phone # _____