## **FILED**

09-19-2003 90065 002 \*\*\*\*50.00

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Sep 19, 2003 8:00 am Secretary of State

2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)** M96000000512 DOCUMENT #

1. Entity Name INRECON, L.L.C.



Principal Place of Business 185 OAKLAND AVENUE. SUITE 100 BIRMINGHAM MI 48009

Mailing Address 185 OAKLAND AVENUE. SUITE 100 BIRMINGHAM MI 48009

| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|
|                                | Guita Ant 41 - An  |

| Suite, Apt. #, etc.                             | Suite, Apt. #, etc.        | 1 4 2 (/2 20)                        | CHECK HERE IF MAKI                    | NG CHANGES                     |
|-------------------------------------------------|----------------------------|--------------------------------------|---------------------------------------|--------------------------------|
| 185 Oancard Ave. Ste. 300<br>Birminghow Mi      | City & State .  BIRMING WO | d ave. Ste.300<br>uu lui             | 4. FEI Number 38-3324107              | Applied For Not Applicable     |
| Zip Country 4.8009 USA                          | 2ip<br>4 8 009             | Country                              | 5. Certificate of Status Desired      | \$5.00 Additional Fee Required |
| 6. Name and Address of Current Registered Agent |                            | 7. Name and Address of New Registers | d Agent                               |                                |
| C T CORPORATION SYSTEM                          |                            | Name Street Address                  | s (P.O. Box Number is Not Acceptable) |                                |

| C T CORROBATION SYSTEM                                        | Name                                                           |                                                            |  |  |
|---------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------|--|--|
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD         | Street Address (P.O. Box Numbe                                 | Street Address (P.O. Box Number is Not Acceptable)         |  |  |
| PLANTATION FL 33324                                           |                                                                |                                                            |  |  |
|                                                               | City                                                           | FL Zip Code                                                |  |  |
| The above named entity submits this statement for the purpose | of changing its registered office or registered agent, or both | n, in the State of Florida. I am familiar with, and accept |  |  |

| #450,000,00                                                                   | -U - NOVUU (0 650 00                                         |      |
|-------------------------------------------------------------------------------|--------------------------------------------------------------|------|
| Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |
| SIGNATURE                                                                     |                                                              |      |
| the obligations of registered agent.                                          |                                                              |      |

FILE NOW!!! FEE IS \$50.00 **\$**150,000.00 Make Check Payable to Florida Department of State Due By September 24, 2003

|                                                |                                                                              | Duc by ( | achroninee, wal                       |                                                   | 1                 |
|------------------------------------------------|------------------------------------------------------------------------------|----------|---------------------------------------|---------------------------------------------------|-------------------|
| 9.                                             | MANAGING MEMBERS/MANAGERS                                                    |          | 10.                                   | ADDITIONS/CHANGES                                 |                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | FENTON, RANDALL J<br>185 OAKLAND AVE., SUITE 100<br>BIRMINGHAM MI 48009-3433 | Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change                                          | ☐ Addition        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | DAVIS, MARK<br>185 OAKLAND AVE STE 100<br>BIRMINGHAM MI 48009                | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 185 Oancaud Ave. Ste. 300<br>Birminghow, WI 48009 | ☐ Addition        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                                                                              | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change                                            | Addition Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                                                                              | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change                                          | Addition          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                                                                              | □ Delete | NAME STREET ADDRESS CITY-ST-ZIP       | ☐ Change                                          | ☐ Addition        |
| TITLE NAME STREET ADDRESS                      | ·                                                                            | ☐ Delete | NAME STREET ADDRESS CITY-ST-7IP       | ☐ Change                                          | Addition          |

11. I 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 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:

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE