2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 MAY -3 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # M97000000006

1. Entity Name
CENTRAL SOUTHEAST-WEST DEVELOPMENT L.C.

Principal Place of Business	Mailing Address
31731 NORTHWESTERN HIGHWAY, SUITE 250W FARMINGTON HILLS MI 48334	31731 NORTHWESTERN HIGHWAY, SUITE 250W FARMINGTON HILLS MI 48334-1668

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 38-3149405 ☐ 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
LUPTAK, PAOLA M 2295 CORPORATE BLVD. N.W. #240 BOCA RATON FL 33431	Name: Luptak, Paola M Street Address (P.O. Box Number is Not Acceptable): 4700 NW Boca Raton Blvd ~~4th Floor~~ City: Boca Raton, FL 33431 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.

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 $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEZNOS, HAROLD 31731 NORTHWESTERN HWY. #250 W FARMINGTON HILLS MI 48334	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300003269573--3 -05/30/00--01009--002 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (9/99)

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: SIGNATURE REQUIRED 4-19-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #