


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90109 019 ****50.00

DOCUMENT # M97000000006 1. Entity Name CENTRAL SOUTHEAST-WEST DEVELOPMENT L.C.	
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Principal Place of Business 31731 NORTHWESTERN HIGHWAY, SUITE 250W FARMINGTON HILLS, MI 48334	Mailing Address 31731 NORTHWESTERN HIGHWAY, SUITE 250W FARMINGTON HILLS, MI 48334
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01032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3149405	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LUPTAK, PAOLA M 2201 NW CORPORATE BLVD SUITE 100 BOCA RATON, FL 33431	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BEZNOS, HAROLD 31731 NORTHWESTERN HWY. #250 W FARMINGTON HILLS, MI 48334
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BEZNOS, SAM 31731 NORTHWESTERN HWY STE 250 W FARMINGTON, MI 48334
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #