_	LIABILITY CON INUAL REPORT 1999	F-527	A. S.	Kathe Secre	rine H						
ILING F	EE Annual Rep										
\$ 188.75   Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Making Address of Limited Liability Company   DOCUMENT # M98000001441  The Tallahassee Plaza, L.L.C.  555, Horace Brown Drive Madison Heights, MI 48 071							99 JUL -9 PH 1: 37  18. Principal Place of Business Address The Mallian against Plaza, L.L.C. 555 Horace Brown Drive Madison Heights, MI 48071				
Sulte, Apt. N. etc.			Suite, Apt. #, etc.				4. FEI Number		Michigan  Applied For		
Chy & State			City & State				38-3442054		Not Applica		
Zip	Country		Zip		Countr	у	5. Date of Last A	eport		ate of Status Dec nonal fee Regains.	
	7. Name and Add	ress of Current	Registered A	gent		•. Name	Name and Address	of New Regis	tered Agen	VOffice	
						l					
its registere as registere	t to the provisions of S d office or registered ag d agent, and accept the	jent, or both, in th					ative vote of a majority	edmam ent for			
is registere is registere SIGNATUR	d office or registered ag ed agant, and accept th	pent, or both, in th ne obligations,	e State of Florid	da. Such chan	ge was a	ove-named limited	ative vote of a majorin	bmits this state	ement for the		
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its registerer as registere SIGNATUR	d office or registered as id agent, and accept the E (Reco Managing M	ent, or both, in the obligations, were Agent Accepting ombors/Manage	Applications (NC	da. Such chan	ge was a sont signalum Busine	pove-named limited otherized by affirmation of received when the students as Street Address	ative vote of a mejorin	control of the mamber of the m	State and 322.53	Zip Code eights, (1) [155] ? ) [1) 64 5(1 *******\$	MI 001

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