## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # M99000000090

1. Entity Name

DEERFIELD LAKE ASSOCIATES GP, LLC



FILED
Apr 24, 2006 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

31550 NORTHWESTERN, SUITE 200 FARMINGTON HILLS, MI 48334

31550 NORTHWESTERN, SUITE 200 FARMINGTON HILLS, MI 48334



01092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 38-3441870

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

EASTMAN, DAVID D 2155 DELTA BLVD., STE 210B TALLAHASSEE, FL 32303

## DO NOT WRITE IN THIS SPACE

| the obligations of registered agent.   |   |   |  |
|--|---|---|--|
| SIGNATURE.   | Signature, typed or printed name of registered agent and title if applicable.         | (NOTE: Registered Agent stgnature equired when reinstating) | DATE                                     |
| Filing Fee is \$50.00<br>Due by May 1, 2006  |   |   |  |
| 8.   | MANAGING MEMBERS/MANAGERS   |   |  |
| TIFLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR PARTRICH, SPENCER M 31550 NORTHWESTERN, SUITE 200 FARMINGTON HILLS, MI 48334      |   | 02/02/06-80117-011 2010<br>NUUUU02230583 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CATY - ST - ZUP   | MGR<br>SHAPIRO, MICKEY<br>31550 NORTHWESTERN, SUITE 200<br>FARMINGTON HILLS, MI 48334 |   |  |
| Title<br>Name<br>Street adviress<br>Chty-St-Zip  |   | DO  | NOT WRITE                                |
| Title<br>Name<br>Street address<br>City-St-Zip   |   | INT   | HIS SPACE                                |
| TIPLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |   |  |
| 11. I hereby certify that the information supplied with this filing does not quality 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 exegute this report as required by Chapter 608. Florida Statutes. |   |   |  |

5. 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