


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # M99000001126
 1. Entity Name
 DUHAIME STUART, L.L.C.



Principal Place of Business
 30910 FRANKLIN ROAD
 FRANKLIN, MI 48025

Mailing Address
 30910 FRANKLIN ROAD
 FRANKLIN, MI 48025



01142006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 38-3275864	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

DUHAIME, JAMES
 5004 SW BERMUDA WAY
 PALM CITY, FL 34990

DO NOT WRITE IN THIS SPACE

6. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006

11/10/05 145 2492
 11/17/05-80007-009 50.00

8. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DENISON, KATHLEEN 30910 FRANKLIN ROAD FRANKLIN, MI 48025
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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.

KATHLEEN DENISON
SIGNATURE: *Kathleen Denison* **3/1/06** *248626-403*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #