

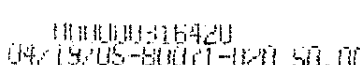
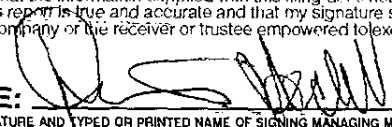


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M99000001840</b>			
1. Entity Name TAUBMAN-IVANHOE LLC			
Principal Place of Business ATTN: DENNIS J. HECHT 200 E. LONG LAKE RD, STE. 300, PO BOX 200 BLOOMFIELD HILLS, MI 48303		Mailing Address ATTN: DENNIS J. HECHT 200 E. LONG LAKE RD, STE. 300, PO BOX 200 BLOOMFIELD HILLS, MI 48303	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01042005No Chg-LLC CR2E083 (10/03)	
		4. FEI Number 38-3494487	
		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  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			
9. MANAGING MEMBERS/MANAGERS		 <b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TRG-TAMPA LLC 200 EAST LONG LAKE ROAD BLOOMFIELD HILLS, MI 48034		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 4/5/05 Daytime Phone #: 248 258 6700	

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