

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000002041

1. Entity Name

EDWARDS CASA DEL MAR, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 31 PM 1:25

Principal Place of Business

21600 RIVER RIDGE COURT
FARMINGTON HILLS MI 48335

Mailing Address

21600 RIVER RIDGE COURT
FARMINGTON HILLS MI 48335

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-3503275

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

FRANCE, BELINDA T ESQ.
703 E. TENNESSEE ST.
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
MANAGER
CHARLES H. EDWARDS
21600 RIVER RIDGE CT.
CITY-ST-ZIP FARMINGTON HILLS, MI 48335

TITLE NAME ☐ Delete
MANAGING MEMBER
JOAN M. THOMPSON
8129 TOMA
CITY-ST-ZIP PICKNEY, MI 48169-9403

TITLE NAME ☐ Delete
MANAGING MEMBER
RUTH ANN SCHADE
8235 WOODBINE
CITY-ST-ZIP DEARBORN HEIGHTS MI 48127

TITLE NAME ☐ Delete
MANAGING MEMBER
MARIANNE H. MEDONIS
944 So. PARKWOOD
CITY-ST-ZIP So. LYON MI 48178

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
200003351192--2
STREET ADDRESS -08/09/00--01086--010
CITY-ST-ZIP *****55.00 *****55.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.

SIGNATURE: X

CHARLES H. EDWARDS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

7-25-00 (248) 474-4721

Date

Daytime Phone #

CR2E083 (5/00)