## FILED Feb 24, 2006 8:00 am Secretary of State

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1. Entity Nam	MENT # N03000010 ONG PROPERTY OWNER				02	2-24-2006 9001	3 014 ****70	.00		
Principal Place 390 PARK ST SUITE 200 BIRMINGHAM	TREET	Mailing Address 390 PARK STREET SUITE 200 BIRMINGHAM, MI 48009				1)    1     1	: 			
2. Principal P	tace of Business	3. Mailing Address 3228 SW MART	צעניטער אמן	BLVD.						
Suite, Apt.	#, etc.	Suite Apt. #, etc.	ije gowje-	<b>D</b>	01312006 Ct	ng-NP CR	2E037 (11/05)			
City & State	9	PALM City, F	L		4. FEI Number Applied Fo 56-2539744 Not Applied					
Zip	Country	3-1990	Country U.S.A		5. Certificate of St	atus Desired	\$8.75 Add	itional		
	- 6. Name and Address of Current	.1			7. Name and Add	ress of New Registe				
LADYKO, I	RICHARD M		Name							
120 ARRO JUPITER,	WHEAD CIRCLE FL 33458		Street Address (			(P.O. Box Number is Not Acceptable)				
			City		<del></del>		Zip Code			
9 The above		- Al				# 0: . /El :1	PL			
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
	Filing Fee is \$61.25 Due by May 1, 2006	aign Financing htribution.		\$5.00 May Be Added to Fees  Make check payable to Florida Department of State						
10.	OFFICERS AND DIF		11.	,	ADDITIONS/CHANG	ES TO OFFICERS AN				
NAME STREET ADDRESS CITY-ST-ZIP	YEZBICK, ANTHONY A 390 PARK STREET, STE 200 BIRMINGHAM, MI 48009	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5			☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZiP	VD HOSKI, A. JOSEPH MD 390 PARK STREET, STE 200 BIRMINGHAM, MI 48009	☐ Delete	THILE NAME STREET ADDRESS CITY-ST-ZIP	3		☐ Change	☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PATEL, HITEN MD 390 PARK STREET, STE 200 BIRMINGHAM, MI 48009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S			☐ Change	Addition		
TITLE NAME STREET ADORESS CITY-ST-ZIP	SD BASSETT, JOSEPH MD 390 PARK STREET, STE 200 BIRMINGHAM, MI 48009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S			☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPDI, CHANDRAKANT K 390 PARK STREET, STE 200 BIRMINGHAM, MI 48009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S			☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LALA, MICHAEL MD 390 PARK STREET,S TE 200 BIRMINGHAM, MI 48009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition		
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										
SIGNATURE: ANTHONY & YEZBZCK 2-7-06 (248)645-2300 SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Da										