2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State
02-03-2003 90042 008 ***150.00

DOCUMENT # P96000057468

1. Entity Name
LYRIC VILLAGE HOUSING, INC.

Principal Place of Business	Mailing Address
555 S OLD WOODWARD AVE	555 S OLD WOODWARD AVE
SUITE 1508	SUITE 1508
BIRMINGHAM MI 48009	BIRMINGHAM MI 48009

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
555 S. Old Woodward, Ave.	555 S. Old Woodward, Ave.
Suite, Apt. #, etc.: Suite 1209	Suite, Apt. #, etc.: Suite 1209
City & State: Birmingham, MI	City & State: Birmingham, MI
Zip: 48009 Country: USA	Zip: 48009 Country: USA

4. FEI Number 65-0858730 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MURPHY, YVETTE ESQ	Name
3250 MARY STREET SUITE 302	Street Address (P.O. Box Number is Not Acceptable)
COCONUT GROVE FL 33133	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. 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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCDANIEL, JACKSON 555 S OLD WOODWARD AVE SUITE 1508 BIRMINGHAM MI 48009 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCDANIEL, JACKSON 555 S. OLD WOODWARD, SUITE 1209 BIRMINGHAM, MI 48009 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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 exemption stated in Section 119.07(3)(i), 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 607, 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: JACKSON MCDANIEL [signature] PRES 01/27/03 248 593 0778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR