2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Apr 30, 2004 08:00 AM

Daytime Phone #

DOCUMENT # A09714 1. Entity Name BRITTANY OF MICHIGAN, LTD.					Secretary of State	
Principal Place of Business Mailing Address 5010 NE WALDO ROAD 21411 CIVIC CENTER I				306		
GAINESVILLE, FL 32609 SOUTHFIELD, MI 4807			D, MI 48076		1 (\$\$\text{is}) (\$\$\text{is}) (\$\$\text{is}) (\$\text{is})	וחתו לה זותוופות וותוח נופנת ווי
Principal Place of Business 3. Mailing Address			dress			
#Suite, Apt. #, etc.		Suite, Apt. #, etc.			<u> </u>	003 (10/03)
City & State		City & State			4. FEI Number 38-2309057	Applied For Not Applicable
<i>Z</i> ip 				5. Certificate of Status Desired Fee		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name		
MATHES, BARRY V SR. 5010 NE WALDO ROAD GAINESVILLE, FL 32609				Street Address	s (P.O. Box Number is Not Acceptable)	
	,			City	FL	Zip Code
	named entity submits this statement for ions of registered agent.	or the purpose of	changing its register	ed office or regist	ered agent, or both, in the State of Florida I am	familiar with, and accept
SIGNATURE -	Signature, typed or printed name of registered agent	and title if applicable			DATE	
9. Capital Contributions as Shown on record \$175,000.00 10. Amount of Capita in FLORIDA to da				butions \75	000	
	A GENERAL PARTNER	THAT IS A BUS	SINESS ENTITY N	UST BE REGI	STERED AND ACTIVE WITH THIS OFFICent must be filed to change a general par	 E-
12.	GENERAL PARTNE				ADDRESS CHANGES ON	
Document # Name	M01000001469 RISSMAN INVESTMENT COMPANY, L.L.C.			EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	21411 CIVIC CENTER DR. #306		СПТ	Y-ST-ZIP		
DOCUMENT # NAME	KORMAN, HARRY B			EET ADDRESS	000000158482 05/07/04-20022-020-526-25	
STREET ADDRESS CITY-ST-ZIP	406 W. HILLSBORO BLVD. DEERFIELD BEACH, FL 33441			r-ST-ZIP	33701. 11 000000	- 25 35 25 60
DOCUMENT # NAME STREET ADDRESS	DARIN, DENNIS JR.TRUSTEE		STR	EFT ACDRESS		
CITY-ST-ZIP	3504 WALBRI DR. BLOOMFIELD HILLS, MI 48304		CIL	r - ST - ZIP		
DOCUMENT # NAME STREET ADDRESS	BRAVEMAN, ARTHUR 6069 NW 23RD AVE		STR	EET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		מוז	r-st-zip		
DOCUMENT # NAME STREET ADDRESS	PARVEN, HOWARD, TRUSTEE		STR	EET ADDRESS		
CRY-SI-ZIP	BLOOMFIELD HILLS, MI		CiTy	(- ST- ZIP		
DOCUMENT # NAME STREET ADDRESS			STR	EET ADORESS		
CITY-SI-ZIP	partify that the information a inputed with	n this filling does -		Y-ST-ZIP	Sention 119 07/21/ii Elopida Statutas Liudhar as	tify that the information
indicated the receiv	certify that the information supplied with on this report is true and accurate and ver or trustee empowered to execute the	i uns litting does r I that my signaturi us report as requir	e shall have the sam red by Chapter 620,	emption stated in the legal effect as its Florida Statutes	Section 119.07(3)(i), Florida Statutes. I further cei i made under oath; that I am a General Partner of	wy mai me information the limited partnership of
SIGNAT	URE: V/ Jula	R PRINTED NAME OF S	SIGNING GENERAL PARTN	FD	2.18-04 ×	Daytime Phone If