


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 APR -1 AM 10: 57

<b>DOCUMENT # A09714</b>					
1. Entity Name BRITTANY OF MICHIGAN, LTD.					
Principal Place of Business 5010 NE WALDO ROAD GAINESVILLE, FL 32609			Mailing Address 21411 CIVIC CENTER DR., STE. 306 SOUTHFIELD, MI 48076		
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 38-2309057				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MATHES, BARRY V SR. 5010 NE WALDO ROAD GAINESVILLE, FL 32609			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$175,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$175,000.			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	M01000001469		STREET ADDRESS		
NAME	RISSMAN INVESTMENT COMPANY, L.L.C.		CITY-ST-ZIP	900050092549	
STREET ADDRESS	21411 CIVIC CENTER DR. #306			04/07/05 01004 015 **526.25	
CITY-ST-ZIP	SOUTHFIELD, MI 48076				
DOCUMENT #			STREET ADDRESS		
NAME	KORMAN, HARRY B		CITY-ST-ZIP		
STREET ADDRESS	406 W. HILLSBORO BLVD.				
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441				
DOCUMENT #			STREET ADDRESS		
NAME	DARIN, DENNIS JR. TRUSTEE		CITY-ST-ZIP		
STREET ADDRESS	3504 WALBRI DR.				
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48304				
DOCUMENT #			STREET ADDRESS		
NAME	BRAVEMAN, ARTHUR		CITY-ST-ZIP		
STREET ADDRESS	6069 NW 23RD AVE				
CITY-ST-ZIP	BOCA RATON, FL 33496				
DOCUMENT #			STREET ADDRESS		
NAME	PARVEN, HOWARD, TRUSTEE		CITY-ST-ZIP		
STREET ADDRESS	995 TIMBERLAKE				
CITY-ST-ZIP	BLOOMFIELD HILLS, MI				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 			Date: 3/14/05 Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE