

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

03 FEB 18 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **A09714**



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

**DUE BY MAY 1, 2003**

Zip

Country

Zip

Country

4. FEI Number **38-2309057**

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

**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

*Robert J. Person*  
Signature, type or printed name of registered agent and title if applicable.

**2/18/03**  
DATE

9. Capital Contributions  
as Shown on record.

**\$175,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**175,000**

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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**  
NAME **RISSMAN INVESTMENT COMPANY, L.L.C.**  
STREET ADDRESS **21411 CIVIC CENTER DR. #306**  
CITY-ST-ZIP **SOUTHFIELD MI 48076**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **KORMAN, HARRY B**  
NAME **406 W. HILLSBORO BLVD.**  
STREET ADDRESS **DEERFIELD BEACH FL 33441**  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**800012707378**  
**02/18/03--01069--003 \*\*526.25**

DOCUMENT # **DARIN, DENNIS JR. TRUSTEE**  
NAME **3504 WALBRI DR.**  
STREET ADDRESS **BLOOMFIELD HILLS MI 48304**  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **BRAVEMAN, ARTHUR**  
NAME **301 YAMOTO ROAD, #3101**  
STREET ADDRESS **BOCA RATON FL 33431**  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**6069 N.W. 23 RD AVE.**

**BOCA RATON, FL 33496**

DOCUMENT # **PARVEN, HOWARD, TRUSTEE**  
NAME **995 TIMBERLAKE**  
STREET ADDRESS **BLOOMFIELD HILLS MI**  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CR2E003 (10/02)

U18303 AB

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: *Robert J. Person*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2/18/03**  
DATE  
**1248-757-412**  
DAYTIME PHONE #