

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A27923**

1. Entity Name

SMITH LAKE SHORES VILLAGE LIMITED PARTNERSHIP

Principal Place of Business

**9701 S.E. HIGHWAY 25
BELLEVUE FL 48076**

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

DUE BY MAY 1, 2002

4. FEI Number

38-2851371

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

**BRAVERMAN, ARTHUR
7280 WEST PALMETTO PARK ROAD
SUITE 202
BOCA RATON FL 33433**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$360,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$ 360,000.

11. MAKE CHECK PAYABLE TO 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 # **G00097900258**
NAME **RISSMAN INVESTMENT CO.**
STREET ADDRESS **21411 CIVIC CENTER DR., #306**
CITY-ST-ZIP **SOUTHFIELD MI 48076**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **KORMAN, HARRY B**
NAME **1175 NE 125TH ST. SUITE 306**
STREET ADDRESS **N. MIAMI BEACH FL**
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **BRAVERMAN, ARTHUR**
NAME **7280 W. PALMETTO PARK RD. SUITE 202**
STREET ADDRESS **BOCA RATON FL**
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

APPROVED
AND
FILED

02 MAR 18 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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CR2E003 (9/01)

STAPLE CHECK HERE