2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

DOCUMENT # A27923 1. Entity Name SMITH LAKE SHORES VILLAGE LIMITED PARTNERSHIP				FILED 2004 FEB 23 AM IO: 33 DIVIDION OF CORPORATIONS			
Principal Place of Business 9701 S.E. HIGHWAY 25 BELLEVIEW, FL 48076 Mailing Address 21411 CIVIC CENTER DI SOUTHFIELD, MI 48076			5		TALLAHA		
Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.				01292004	Chg-LP	CR2E003	(10/03)
City & State City & State				4. FEI Number 38-2851			Applied For Not Applicable
Zip Country	Zip	Country		<u> </u>	of Status Desired	Fe Fe	3.75 Additional e Required
C:-Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name RETHUR				
BRAVERMAN, ARTHUR 7280 WEST PALMETTO PARK ROAD SUITE 202 BOCA RATON, FL 33433			Street Address (P.D. Box Number is Not Acceptable)				
					RATON	FL	Zip Code 33496
The above named entity submits this the obligations of registered agent. SIGNATURE SIGNATURE	statement for the purpose of changing i	its registered o	ffice or register	red agent, or both		_	niliar with, and accept
9. Capital Confributions as Shown on record. \$360,000	10. Amount of Cap in FLORIDA to	date.	360,0				
NOTE: General P	ARTNER THAT IS A BUSINESS E artners MAY NOT be changed on	the form; a	n amendmei	nt must be file	d to change a ge	eneral partn	er.
12. GENERAL PARTNER INFORMATION DOCUMENT / G00097900258			DDEE		ADDRESS CHA	ANGES ONLY	
NAME RISSMAN INVESTME STREET ADDRESS 21411 CIVIC CENTER CITY-SI-ZIP SOUTHFIELD, MI 48	STREET AL						
DOCUMENT / NAME KORMAN, HARRY B STREET ADDRESS 1175 NF 125TH ST. S	NUTE 200	STREET AL	DDRESS				
CITY-ST-ZIP N. MIAMI BEACH, FL			ZIP	300030232533 			
DOCUMENT # BRAVERMAN, ARTH	ÚR	STREET AL	DORESS	02/10/	(04==0 1043	1)112	**526.25
STREET ADDRESS 6069 N.W. 23RD AVE	1		ZIP				
DOCUMENT # NAME		STREET AL	ODRESS				
STREET ADDRESS CITY-ST-ZIP		спу-sт-	ZIP				
DOCUMENT / NAME		STREET AL	ODRESS				·
STREET ADDRESS CITY-ST-ZIP		CITY-ST-	ZIP				
DOCUMENT / NAME STREET AUDRESS		- STREET AL	DORESS				
CITY-ST-ZIP 14. Laereby certify that the information indicated on this report is true and	supplied with this filling does not qualify	for the exempt		ection 119.07(3)(i), Florida Statutes.	further certif	y that the information
the receiver or trustee empowered	accurate and that my signature shall had to execute this report as required by Ch	ve the same le apter 620, Flor	gal effect as if ida Statutes	made under oath;			ie limited partnership or
SIGNATURE: VIlle	1 Klesman			- 1 7	73/6	/_/_	time Phone #