

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



02112006 No Chg-LP

CR2E003 (11/05)

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

**BRAVERMAN, ARTHUR  
6069 N.W. 23RD AVE  
BOCA RATON, FL 33496**

**DO NOT WRITE  
IN THIS SPACE**

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

1111111144-11111

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

03/08/06-00082-012 500.00

**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

DOCUMENT # **G00097900258**  
NAME **RISSMAN INVESTMENT CO.**  
STREET ADDRESS **21411 CIVIC CENTER DR., #306**  
CITY-ST-ZIP **SOUTHFIELD, MI 48076**

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

DOCUMENT #  
NAME **BRAVERMAN, ARTHUR**  
STREET ADDRESS **6069 N.W. 23RD AVE**  
CITY-ST-ZIP **BOCA RATON, FL 33496**

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CITY-ST-ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **2-20-06** Daytime Phone #

STAPLE CHECK HERE