


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 APR 11 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A27923</b> 1. Entity Name <b>SMITH LAKE SHORES VILLAGE LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>9701 S.E. HIGHWAY 25          BELLEVUE, FL 48076</b>			Mailing Address <b>21411 CIVIC CENTER DR., STE. 306          SOUTHFIELD, MI 48076</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>25899 W. 12 MILE ROAD          SUITE 260</b>			
City & State Zip <b>34420</b> Country		City & State <b>SOUTHFIELD, MI</b> Zip <b>48034</b> Country		4. FEI Number <b>38-2851371</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>BRAVERMAN, ARTHUR          6069 N.W. 23RD AVE          BOCA RATON, FL 33496</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 date if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>G00097900258          RISSMAN INVESTMENT CO.          21411 CIVIC CENTER DR., #306          SOUTHFIELD, MI 48076</b>		STREET ADDRESS CITY-ST-ZIP	<b>25899 W. 12 mile ste 260          Southfield MI 48034</b>	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>KORMAN, HARRY B          1175 NE 125TH ST. SUITE 306          N. MIAMI BEACH, FL</b>		STREET ADDRESS CITY-ST-ZIP	<b>2121 North ocean Blvd Apt # 309 West          Boca Raton, FL 33431</b>	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>BRAVERMAN, ARTHUR          6069 N.W. 23RD AVE          BOCA RATON, FL 33496</b>		STREET ADDRESS CITY-ST-ZIP	<b>800096792108          04/13/07--01039--010 **500.00</b>	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE