


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000001784					
1. Entity Name EISENMANN PROPERTIES, INC.					
Principal Place of Business 300 E LONG LAKE RD SUITE 365 BLOOMFIELD HILLS MI 48304 US			Mailing Address 300 E LONG LAKE RD SUITE 365 BLOOMFIELD HILLS MI 48304 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 38-2400501	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARQUARDT, EMIL C JR. 400 CLEVELAND STREET CLEARWATER FL 34615				7. Name and Address of New Registered Agent	
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VTS <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARZ, ALOYS K			NAME	
STREET ADDRESS	300 E LONG LAKE RD., STE. 365			STREET ADDRESS	
CITY- ST- ZIP	BLOOMFIELD HILLS MI			CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUBERT, ANGELA E			NAME	
STREET ADDRESS	BOMMEN 3			STREET ADDRESS	
CITY- ST- ZIP	ALTERSWILEN SW ch-8573			CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITTENZWEI, EVA			NAME	
STREET ADDRESS	SCHLEISSHEIMER ST. 80C			STREET ADDRESS	
CITY- ST- ZIP	MUNICH GM D-807-7			CITY- ST- ZIP	
TITLE	P <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUBERT, THOMAS			NAME	
STREET ADDRESS	BION ST. 18			STREET ADDRESS	
CITY- ST- ZIP	ZURICH SW ch -8006			CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITTENZWEI, CHARLOTTE			NAME	
STREET ADDRESS	SCHLEISSHEIMER ST. 80			STREET ADDRESS	
CITY- ST- ZIP	MUNICH GM D-807-7			CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	



1st MOORE CR2E034 (10/04)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: By: *[Signature]* Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-2005 248-645-1444
Date Daytime Phone #