

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L04000037671

1. Entity Name  
HHH MICHIGAN FUND, LLC



Principal Place of Business  
1920 E. HALLANDALE BEACH BOULEVARD  
SUITE 906  
HALLANDALE, FL 33009 US

Mailing Address  
1920 E. HALLANDALE BEACH BOULEVARD  
SUITE 906  
HALLANDALE, FL 33009 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

City & State

02252005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
*20-1204182* Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LIPSON, ARTHUR E  
1920 E. HALLANDALE BEACH BOULEVARD  
SUITE 906  
HALLANDALE, FL 33009

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$50.00  
Due by May 1, 2005**

Florida Department of  
State Corporation Commission

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE MGR  Delete  
NAME LIPSON, ARTHUR E  
STREET ADDRESS 1920 E. HALLANDALE BOULEVARD, SUITE 906  
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR  Delete  
NAME HAHAMOVITCH, HARRY H  
STREET ADDRESS 6453 W. ROGERS CIRCLE, SUITE 1  
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR  Delete  
NAME POSTERNACK, CHARLES  
STREET ADDRESS 3129 WESTMINSTER DRIVE  
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*0901 Clint Moore Road  
Boca Raton, FL 33496*

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*ARTHUR E. LIPSON  
MANAGER*

*3/18/05 (924)451-1114*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #