


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # M01000001469 1. Entity Name RISSMAN INVESTMENT COMPANY, L.L.C.	
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Principal Place of Business 21411 CIVIC CENTER DRIVED, SUITE 306 SOUTHFIELD, MI 48076	Mailing Address 21411 CIVIC CENTER DRIVED, SUITE 306 SOUTHFIELD, MI 48076
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**DO NOT WRITE IN THIS SPACE**



04082004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 38-6166307	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRAVERMAN, ARTHUR  
 301 YAMATO RD  
 BOCA RATON, FL 33431

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

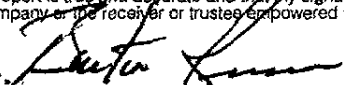
**Filing Fee is \$50.00  
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RISSMAN, ROBERT 21411 CIVIC CENTER DRIVE, SUITE 306 SOUTHFIELD, MI 48076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RISSMAN, BURTON 21411 CIVIC CENTER DRIVE, SUITE 306 SOUTHFIELD, MI 48076
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 04/16/04-80059-018 50.00

**DO NOT WRITE IN THIS SPACE**

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:  \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_