


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 02, 2005 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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02182005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

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	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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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UD00000285745  
 04/02/05-80056-022 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)(f), 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE: 4/1/05

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