

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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



DOCUMENT # M02000001297
 Entity Name
 2503 HARRIS AVENUE, LLC

Principal Place of Business: 121 W. LONG LAKE ROAD, 3RD FLOOR, BLOOMFIELD HILLS, MI 48304
 Mailing Address: 121 W. LONG LAKE ROAD, 3RD FLOOR, BLOOMFIELD HILLS, MI 48304



01052005 No Chg-LLC CR2E083 (10/03)

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4. FEI Number: 38-3563521 Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BABICH, MATTHEW P
 1319 DUVAL STREET
 KEY WEST, FL 33040

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAUFMAN, STUART M 121 W. LONG LAKE ROAD, 3RD FLOOR BLOOMFIELD HILLS, MI 48304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RANDS, DALE G 121 W. LONG LAKE ROAD, 3RD FLOOR BLOOMFIELD HILLS, MI 48304
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 01/25/05-80096-025 50.00

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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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Stuart M. Kaufman Date: 1-11-05 248-645-1600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #