

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90041 015 \*\*\*\*55.00

<b>DOCUMENT # M02000001297</b> 1. 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 38-3563521	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BABICH, MATTHEW P 1319 DUVAL STREET KEY WEST, FL 33040				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAUFMAN, STUART M		NAME		
STREET ADDRESS	121 W. LONG LAKE ROAD, 3RD FLOOR		STREET ADDRESS		
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48304		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RANDS, DALE G		NAME		
STREET ADDRESS	121 W. LONG LAKE ROAD, 3RD FLOOR		STREET ADDRESS		
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48304		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		
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		
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		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 KAUFMAN MANAGING MEMBER		3/21/06 248-645-1600 Daytime Phone #	





ATTACHMENT

30003504

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 9, 2006

2503 HARRIS AVENUE, LLC  
121 W. LONG LAKE ROAD, 3RD FLOOR  
BLOOMFIELD HILLS, MI 48304

Subject: 2503 HARRIS AVENUE, LLC

Reference Number: M02000001297

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION