## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # M02000001297

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

## FILED

08 FEB 18 AM 9: 57

SECRETARY OF STATE TALLAHASSEE, FLORIDA



01162008 No Chg-LLC

CR2E083 (12/07)

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, MATTHÉW P 1319 DUVAL STREET KEY WEST, FL 33040

## 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.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)  OATE
FILE After May	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	.•
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	700118449367
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RANDS, DALE G 121 W. LONG LAKE ROAD, 3RD FLOOR BLOOMFIELD HILLS, MI 48304	700118449367 02/20/0801033001 **638.75
NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
NAME STREET ADDRESS CITY-SI-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
NAME * STREET ADDRESS 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNAL MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-16-03

248 645-/600 Daytime Phone #