



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. <b>134961</b>		2. Exact name of the limited liability company <b>Michigan Special, LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>SALE OF FUR AND FUR STORAGE</b>	
5. Principal office address <b>c/o William H. Harris Furs, 641 Bald Hill Road</b>		City <b>Warwick</b>	State <b>RI</b>
		Zip <b>02886</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Robert Habershaw</b>		Contact Title <b>Controller</b>	
Street Address <b>c/o William H. Harris Furs, 641 Bald Hill Road</b>		City <b>Warwick</b>	State <b>RI</b>
		Zip <b>02886</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name <b>Leonard Tax</b>		Manager Name	
Street Address <b>c/o Genny Fur Co., 290 Nantucket Boulevard</b>		Street Address	
City <b>Scarborough</b>	State <b>Canada</b>	City	State
Zip <b>M1P2P4</b>		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name <b>CORPORATION SERVICE COMPANY</b>		Address	
Address <b>222 JEFFERSON BOULEVARD, SUITE 200</b>		City <b>WARWICK</b>	Zip <b>02888-</b>

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**FILED**

**OCT 03 2007 12:38**

By **KMC**

**CK3176  
038527**

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

**Robert N. Cooperman**  
Signature of Authorized Person **ATTORNEY**

**8/30/07**  
Date

**Robert N. Cooperman**  
Print or Type Name of Authorized Person

File Date	
Check No.	
By:	
FOR SECRETARY OF STATE USE ONLY	