


2001 UNIFORM BUSINESS REPORT (UBR)

0018576 AF

DOCUMENT # A15317
1. Entity Name
CONTINENTAL VILLAGE ASSOCIATES LTD.

Principal Place of Business **Mailing Address**
280 DAINES STREET **280 DAINES STREET**
SUITE 300 **SUITE 300**
BIRMINGHAM MI 48009 **BIRMINGHAM MI 48009**

FILED
 01 FEB 27 AM 9:37
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **Applied For**
38-2477839 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RINES, MILTON T
15235 SOUTH TAMAMI TRAIL
FT. MYERS FL 33908

7. Name and Address of New Registered Agent

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.

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

9. Capital Contributions as Shown on record. **\$175,000.00** **10. Amount of Capital Contributions in FLORIDA to date.** **11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ZLOTOFF, PAUL L 280 DAINES SUITE #300 BIRMINGHAM MI
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	BUCHANAN, CAMERON 280 DAINES, SUITE 300 BIRMINGHAM MI
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	BUCHANAN, DEAN 280 DAINES, SUITE 300 BIRMINGHAM MI
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	500003795305 1 -03/02/01--01020--014 ****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED (248) 645-9220
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)