

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B93000000203

1. Entity Name

THE KUGHN REAL PROPERTIES COMPANY LIMITED PARTNE

FILED

01 MAY 29 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 22482 ORCHARD LAKE ROAD FARMINGTON MI 48336	Mailing Address 22482 ORCHARD LAKE ROAD FARMINGTON MI 48336
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DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-2225681**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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. **\$0.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # ~~093123900011~~
NAME ~~RICHARD P. KUGHN TRUST~~
STREET ADDRESS ~~22482 ORCHARD LAKE ROAD~~
CITY-ST-ZIP ~~FARMINGTON MI 48336~~

STREET ADDRESS
CITY-ST-ZIP

Amendment Filed 4/30/01

DOCUMENT #
NAME **RICHARD KUGHN**
STREET ADDRESS **22482 ORCHARD LAKE ROAD**
CITY-ST-ZIP **FARMINGTON, MI 48336**

STREET ADDRESS
CITY-ST-ZIP

**800004429348-0
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **3/2/01** Daytime Phone # **(248) 477-2211**

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CR2E003 (11/00)