## 2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

STAPLE CHECK HERE

14. Thereby certify that the information supplies indicated on this report is true and accurate

SIGNATURE

## **FILED** Jan 20, 2005 08:00 AM Secretary of State DOCUMENT # B93000000203 THE KUGHN REAL PROPERTIES COMPANY LIMITED **PARTNERSHIP** Principal Place of Business Mailing Address 22482 ORCHARD LAKE ROAD 22482 ORCHARD LAKE ROAD FARMINGTON, MI 48336 FARMINGTON, MI 48336 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 38-2225681 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 Zio 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 Signalure Typedio printed name of regilie regiligent and the if applicable JATE 9. Capital Contributions 10. Amount of Capital Contributions \$0.00 as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS MAME KUGHN, RICHARD STREET ADDRESS 22482 ORCHARD LAKE ROAD CITY ST ZIP CITY-ST ZIP FARMINGTON, MI 48336 000000185105 DOCUMENT # 01/21/05-80002-001 141.25 STREET ADDRESS NAME STREET ADDRESS CITY-ST ZIP CITY-ST ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY ST ZIP CITY ST ZIP DOCUMENT # STREET AUDRESS MARSE STREET ADDRESS CITY-ST ZIP CITY ST ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY ST ZIP CITY ST ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY ST ZIP

nature shall have the same required by Chapter 620

OF SIGNING GENERAL PARTNER

not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information re shall have the same egal effect as it made under oath; that I am a General Partner of the limited partnership or ired by Chapter 620, Florida Statutes

1/6/04