

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED  
98 MAR 27 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # <b>B95000000415</b>
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**MEADOWLEA ESTATES LIMITED PARTNERSHIP**

Mailing Address 400 W. MAPLE, STE 250 BIRMINGHAM MI 48009	Principal Office Address 400 W. MAPLE, STE 250 BIRMINGHAM MI 48009	3. Date Formed or Registered 11/21/1995	5a. Capital Contributions as Shown on record. \$1,075,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 02/26/1997	5b. Amount of Capital Contributions in FLORIDA to date. -0-
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation MI	6. FEI Number 38-3254181 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip Country	Zip Country		

9. Name and Address of Current Registered Agent <b>LEBEDIN, RICHARD G</b> 3151 N.W. 44TH AVENUE OCALA FL 34462	10. If changed, new Registered Agent/Office Name <b>Dale Thurston</b> Street Address (P.O. Box Number Is Not Acceptable) 1004 Overlook Drive Suite, Apt. #, etc. City DeLand State FL Zip Code 32724
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) *Dale Thurston* DATE *3-9-98*

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) <b>BAYER, ROBERT B</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>400 W. MAPLE, STE 250</b>	11b. City, State & Zip Code <b>BIRMINGHAM MI 48009</b>	11c. Registration/Document Number <b>000002481610--0</b> <b>044017482501000101625</b>
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**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Robert B. Bayer* DATE *3/3/98*  
 Robert B. Bayer (248) 647-2650  
 Typed or Printed Name of General Partner Signing Form Daytime Telephone Number

CR2E003 (6/97)