

2002 UNIFORM BUSINESS REPORT (UBR)

0017855 AT

DOCUMENT # B95000000415

1. Entity Name
MEADOWLEA ESTATES LIMITED PARTNERSHIP

FILED

02 APR -1 PM 12: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 400 W. MAPLE, STE 250 BIRMINGHAM MI 48009	Mailing Address 400 W. MAPLE, STE 250 BIRMINGHAM MI 48009
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 38-3254181	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THURSTON, DALE
1004 OVERLOOK DRIVE
DELAND FL 32724**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,075,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	BAYER, ROBERT B
NAME	400 W. MAPLE, STE 250
STREET ADDRESS	BIRMINGHAM MI 48009
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	300005195363--3
CITY-ST-ZIP	-04/05/02--01045--025 *****526.25 *****526.25

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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: *Robert B Bayer* **3/27/02** (248)647-2650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CFR2E003 (9/01)

SINGLE CHECK HERE