

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A03000001405

1. Entity Name
MERMAIDS MANOR COMMUNITY LLLP



SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 FEB -8 AM 10:00

Principal Place of Business
**1017 THOMASVILLE RD., STE. A
 TALLAHASSEE, FL 32303**

Mailing Address
**1017 THOMASVILLE RD., STE. A
 TALLAHASSEE, FL 32303**

2. Principal Place of Business
401 S. OLD WOODWARD
 Suite, Apt. #, etc.
470

3. Mailing Address
401 S. OLD WOODWARD
 Suite, Apt. #, etc.
470

01102006 Chg-LP CR2E003 (11/05)

City & State
BIRMINGHAM, MICHIGAN
 Zip
48009 Country
USA

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 Zip
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USA

4. FEI Number
APPLIED FOR 38-2782619 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**REGAN, HAROLD
 1017 THOMASVILLE RD., STE. A
 TALLAHASSEE, FL 32303**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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	PERLMAN, STUART
STREET ADDRESS	6110 ROCKY SPRING RD
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48301
DOCUMENT #	
NAME	COHN, SIDNEY L
STREET ADDRESS	6589 PLEASANT LAKE COURT
CITY-ST-ZIP	WEST BLOOMFIELD, MI 48322
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	000066126750 02/17/06--01013--008 **500.00
STREET ADDRESS	
CITY-ST-ZIP	
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 exemptions contained in Chapter 119, 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:

Stuart Perelman
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-1-06

Date

948-258-8830

Daytime Phone #

STAPLE CHECK HERE