

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

20 OCT 14 PM 12:53



1. Name of Limited Partnership

1a. DOCUMENT #
A15317

CONTINENTAL VILLAGE ASSOCIATES LTD.

Mailing Address

**280 DAINES STREET
SUITE 300
BIRMINGHAM MI 48009**

Principal Office Address

**280 DAINES STREET
SUITE 300
BIRMINGHAM MI 48009**

3. Date Formed or Registered

09/19/1983

5a. Capital Contributions as
Shown on record

\$175,000.00

3a. Date of Last Report

10/19/1995

5b. Amount of Capital
Contributions in FLOH DA
to date

\$175,000

4. State or Country of Formation

FL

6. FEI Number

38-2477839

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

**SALAMONE, PETER
451 SW 125TH AVE.
FT. LAUDERDALE FL 33325**

Name
MILTON T. RINES

Street Address (P.O. Box Number Is Not Acceptable)
15235 SOUTH TAMiami TRAIL

Suite, Apt. #, etc.

City
FT. MYERS

FL Zip Code
33908

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)

Milton T. Rines

DATE **9/16/96**

**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)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

ZLOTOFF, PAUL

280 DAINES SUITE #300

BIRMINGHAM MI

BUCHANAN, CAMERON

280 DAINES, SUITE 300

BIRMINGHAM MI

BUCHANAN, DEAN

280 DAINES, SUITE 300

BIRMINGHAM MI

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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

PAUL M. ZLOTOFF

DATE **9/12/96**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number **810-645-9220**

CR2E003 (6/96)