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

LIMITED PARTNERSHIP ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT #

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 OCT -2 PM 2: 58



CONTINENTAL VILLAGE ASSOCIATES LTD.			1031011 1902 11091 91103 11101 1131 1001 81311 01011 01911 01811 01011 01011 01011 01011		
Malling 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 3a. Date of Last Report 10/14/1996	58. Capital Contributions as Shown on record. \$175,000.00	
2. Mailing Address Suite, Apt. #, etc.	28. Principal Office Address Suite, Apt. #, etc.		4. State or Country of Formalion FL 6. FEI Number	5b. Amount of Capital Contributions in FLORIDA to date: \$175,000.00	
City & State	Cily & State			Applied For Not Applicable 88.75 Additional Fee Required	
Zip Country	Zip	Zip Country		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		
RINES, MILTON T 15235 SOUTH TAMIAMI TRAIL FT. MYERS FL 33908		Name Street Address (P.O. Box Number (s Not Acceptable) Suite, Apt. #, etc.			
		City FL Zip Code			
	1051 and 620.192, Florida Statutos, the above-nam Iffice or registered agent, or both, in the State of Fl Iligations of section 620.192, Florida Statules.	ed limited partnership o orida. Such change was	rganized or registered under the laws of t authorized by its general partner(s). I her	he State of Florida, submits this statement eby accept the appointment of registered	
SIGNATURE (Registered Agent Accepting Appointm					
A GENERAL PARTNER THE	HAT IS A CORPORATION, MUST BE REGISTERED AN	LIMITED PAF ID ACTIVE W	RTNERSHIP OR OTHE /ITH THIS OFFICE.	R BUSINESS ENTITY	
11. Name(s) of General Pariner(s)	11a. Address of Each Gene (Do NOT Use Post Office E	ral Partner lox Numbers) 11b	City, State & Zip Code	11c. Registration/	
ZLOTOFF, PAUL	280 DAINES SUITE #300) B	IRMINGHAM MI		
BUCHANAN, CAMERON	280 DAINES, SUITE 300	B	irmingham mi		
BUCHANAN, DEAN	280 DAINES, SUITE 300	В	IRMINGHAM MI 90002 -10/03 *****	3118392 3737-01113004 541.25 ****541.25	
•				KMW	

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 accuracy and that my signature shall have the same legal effects as if made under eath. 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 630, Florida Statutes.

SIGNATURE _____

Typed or Printed Name of General Pertner Signing Form

Paul M. Zloto

DATE 9/17/

Daytime Telephone Number 248-645-9220

CR2E003 (6/9)