

2002 UNIFORM BUSINESS REPORT (UBR)

0017976 AT

DOCUMENT # A16575

1. Entity Name

ST. LUCIE MOBILE VILLAGE, LIMITED PARTNERSHIP

APPROVED
AND
FILED

02 APR 22 - PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

11500 SW KANNER HWY
INDIANTOWN FL 34956

Mailing Address

8522 GOLFSIDE DR
COMMERCE TWP MI 48382

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number **38-2496979**

Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAGUIRE, VERA
11500S.W. KANNER HIGHWAY
INDIANTOWN FL 33456

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.

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

9. Capital Contributions as Shown on record. **\$899,200.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

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 #	P34614	STREET ADDRESS	
NAME	DRS REALTY CO., INC.	CITY-ST-ZIP	
STREET ADDRESS	8522 GOLFSIDE DRIVE		
CITY-ST-ZIP	COMMERCE TWP MI		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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: *Betty Schenk* **Betty Schenk** 4/17/02 248-363-6111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)