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

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

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DOCUMENT #

FILED

APR 24 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FRIENDLY VILLAGE OF KAPOK,		1000025026015 -04/28/9801060010 ****541-25 ****541.25									
Mailing Address	Princ-pal Office Address		3. Date Formed or Registered	5a. Capital C	学学等541。どう Contributions as on record.	ָ ֖֓֞֞֞֞֞					
10 TOWN CENTER 4000 TOWN CENTER SUITE 555		1541.25	04/18/1984 3a. Date of Last Report	\$854,250.00		_					
SOUTHFIELD MI 48075	SOUTHFIELD MI 48075	и~	10/09/1996 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:							
2. Mailing Address 4015.0d Woodward		odward	FL								
Sulte, Apt. #, etc. Ste. 400 City & State	Suite, Apt. #, etc. 512. 430 City & State		6. FEI Number 38-2520907		Applied For Not Applicable						
Dirmingham MI Zip Country	Birmingham.	MT_ Country	7. Certificate of Status Desired	Q	\$8.75 Additiona Fee Required						
48009 USA	48009	<u> </u>	8. Make check payable to: Dept. of	State (See reverse	e side for fee inform	nation)					
9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office											
CLEARWATER FL 34625		Street Address (P.O. Box Number Is Not Acceptable) 45 Pelican Roost OP 15, OP Suite, Apt. #, etc.									
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 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)											
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY											
11. Name(s) of General Partner(s)	11a. Address of Each General I	Partner Numbers) 11b	City, State & Zip Code	11c.	Registration/ Document Number						
COHN, SIDNEY L	27201 TELEGRAPH, STE		OUTHFIELD MI		wood.	و م					
MORGANROTH, FRED	4000 TOWN CENTER, STE	S	Outhfield Mi	indly	Registration/ Document Number Voicel Voicel Voicel Voicel Voicel	7 1111 CR2F00					
1		1	G	n Bion	Pet						

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 lurnished 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,

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Fred Morganioth

FILE UN UH BEFORE DECEMBER 31, 19 TO REVOCATION AN	97 OR PARTNERSHIP WI D \$500 PENALTY FEE	ILL BE SU	ВЈЕСТ	روم ر له ^ا	ρ ς \	3		
LIMITED PARTN ASHI ANNUAL REPORT 1998	CCEPAT Saldra B. ON DECTAR	AB II AB (I Morth am of State ORPORATION	le 15	487-66 Stopper 11	6197 203138			
1. Name of Limited Partnership	1a. DOCUMENT # A16847				/ 	BIO BIBNI BIBNI 1086		
FRIENDLY VILLAGE OF KAPOK,	4115 98 4-31 4 077 541.25							
Malling Address	Principal Office Address	Principal Office Address			58. Capital Contribu	Ilons as		
4000 TOWN CENTER	4000 TOWN CENTER			04/18/1984	\$854,250.00			
SUITE 555 SOUTHFIELD MI 48075	SUITE 555 SOUTHFIELD MI 48075			3a. Date of Last Report 10/09/1996	5b. Amount of Capital Contributions in FLORIDA			
2. Mailing Address 401 5:01d Woodward	2a. Principal Office Address 401 5. Old Woodward			4. State or Country of Formation	to date			
Suite, Apt. #, etc.	Sulte, Apt. W. etc.	Sulte, Apt. ₩. etc.			. FEI Number			
City & State	City & State		38-2520907					
Zip Country	Birmingham HI Zip Country			7. Certificate of Status Desired \$8.75 Additional Fee Required				
48009 USA	48009	UDA		8. Make check payable to: Oept. of	State (Sas reverse side f	or fee Information)		
9. Name and Address of Current Re	egistered Agent	T	 -	10, II changed, new Registered	d Agent/Ollice			
MILLER, ROBERT 2266 GULF TO BAY BLVD Name Sircet			Kay Smotz					
			Street Address (P.O. Box-Number is Not Acceptable)					
CLEARWATER FL 34625	Suite, Apt. #, etc.		. etc					
		City	130	okaelia-	FL Zin Cod	993		
10a. Pursuant to the provisions of sections 620.1051 and 6 for the purpose of changing its registered office or reg agent. I am familiar with, and accept the obligations of	istered agent, or both, in the State of Flo				eby accept the appointme			
SIGNATURE (Registered Agent Accepting Appointment)	Khy S	Nee	2	DATE	4/21	178 .		
A GENERAL PARTNER THAT IS MUST	BE REGISTERED AN	D ACTIV	E WI	NERSHIP OR OTHE TH THIS OFFICE.		<u></u>		
11, Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1		11b.	City, State & Zip Code		istration/ ent Number		
COHN, SIDNEY L	27201 TELEGRAPH, STE		SOUTHFIELD MI					
MORGANROTH, FRED	4000 TOWN CENTER, STE		SOUTHFIELD MI					
		•						
	ν _υ 5t,							
•								
Note: General partners MAY NOT I	e changed on this form	n; an am	endme	ent must be filed to cha	ange a general	partner.		
12. I do hereby certify that the information supplied with this Corporations from any liability of non-compliance with St this annual report is true and accurate and that my signs	filing is voluntarily furnished and does no ection 119.07(3)(k) in the event that the in	ol quality for the alormation supp	exemplion	n slated in Section 119.07(3)(k), Florida med exempt from public access. I furth	Statutes. I release the Di er certify that the informa	vision of tion indicated on		

Fred Horoanroth

SIGNATURE _