

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

①

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



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

FILED

98 APR 24 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



100002502801--9  
-04/28/98--01060--010  
\*\*\*\*541.25 \*\*\*\*541.25

1. Name of Limited Partnership  
1a. DOCUMENT #  
A16847

FRIENDLY VILLAGE OF KAPOK, LTD.

Mailing Address  
4000 TOWN CENTER  
SUITE 555  
SOUTHFIELD MI 48075  
Principal Office Address  
4000 TOWN CENTER  
SUITE 555  
SOUTHFIELD MI 48075

3. Date Formed or Registered  
04/18/1984  
5a. Capital Contributions as  
Shown on record.  
\$854,250.00

3a. Date of Last Report  
10/09/1996  
5b. Amount of Capital  
Contributions in FLORIDA  
to date:

2. Mailing Address  
401 S. Old Woodward  
Suite, Apt. #, etc.  
Ste. 420  
City & State  
Birmingham MI  
Zip  
48009 USA  
2a. Principal Office Address  
401 S. Old Woodward  
Suite, Apt. #, etc.  
Ste. 420  
City & State  
Birmingham MI  
Zip  
48009 USA

4. State or Country of Formation  
FL

6. FEI Number  
38-2520907  
☐ 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  
MILLER, ROBERT  
2266 GULF TO BAY BLVD  
CLEARWATER FL 34625

10. If changed, new Registered Agent/Office  
Name  
Ray Shetz  
Street Address (P.O. Box Number is Not Acceptable)  
45 Pelican Roost  
Suite, Apt. #, etc.  
City  
Bokeelia  
FL  
Zip Code  
33922

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) *See attached* DATE *4/15/98*

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
COHN, SIDNEY L	27201 TELEGRAPH, STE	SOUTHFIELD MI	
MORGANROTH, FRED	4000 TOWN CENTER, STE	SOUTHFIELD MI	

*Officially used  
prior to revocation  
-let*

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 *[Signature]* DATE *4/15/98*

Typed or Printed Name of General Partner Signing Form *Fred Morganroth* Daytime Telephone Number *(248) 258-8820*

CR2E003 (6/97)

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LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



**R.A.'s Acceptance ONLY!**  
Sandra B. Mortimer  
Secretary of State  
DIVISION OF CORPORATIONS

850 487-6051  
Stop payment  
11/6/97  
3031.38

(2)

1. Name of Limited Partnership

1a. DOCUMENT #  
A16847

FRIENDLY VILLAGE OF KAPOK, LTD.



4/15/98  
314077  
54125

Mailing Address

4000 TOWN CENTER  
SUITE 555  
SOUTHFIELD MI 48075

Principal Office Address

4000 TOWN CENTER  
SUITE 555  
SOUTHFIELD MI 48075

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CLEARWATER FL 34625

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Name

Ray Sheetz

Street Address (P.O. Box Number is Not Acceptable)

45 Pelican Roost

Suite, Apt. #, etc.

City

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Zip Code

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SIGNATURE (Registered Agent Accepting Appointment)

Ray Sheetz

DATE

4/21/98

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MORGANROTH, FRED

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

27201 TELEGRAPH, STE  
4000 TOWN CENTER, STE

11b. City, State & Zip Code

SOUTHFIELD MI  
SOUTHFIELD MI

11c. Registration/Document Number

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SIGNATURE

Fred Morganroth

DATE

4/15/98

Typed or Printed Name of General Partner Signing Form

Fred Morganroth

Daytime Telephone Number

(248) 258-8820