

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 OCT -9 AM 11:55



1. Name of Limited Partnership

1a. DOCUMENT #  
**A18097**

**FISHERMAN'S LANDING OF COCONUT CREEK LIMITED PARTNERSHIP**

Mailing Address

~~8655 EVERGREEN~~  
~~SUITE 1900~~  
~~SOUTHFIELD MI 48076~~

Principal Office Address

~~8655 EVERGREEN~~  
~~SUITE 1900~~  
~~SOUTHFIELD MI 48076~~

3. Date Formed or Registered

10/19/1984

5a. Capital Contributions as Shown on record.

\$4,252,264.00

3a. Date of Last Report

11/12/1996

5b. Amount of Capital Contributions in FLORIDA to date.

4. State or Country of Formation

FL

2. Mailing Address

30215 Southfield Rd.

2a. Principal Office Address

30215 Southfield Rd., Suite 200

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Southfield, MI

City & State

Southfield, MI

Zip Country  
48076 Oakland

Zip Country  
48076 Oakland

6. FEI Number

38-2560910

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

MARTIN, WILLIE M.  
4854 FISHERMANS DR  
COCONUT CREEK FL 33063

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

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)

DATE

**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)

AMURCON CORPORATION

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

~~26555 EVERGREEN RD, MI~~  
30215 Southfield Road, Suite 200

11b. City, State & Zip Code

SOUTHFIELD MI 48076

11c. Registration/Document Number

851503

600002317916--5  
-10/10/97--01102--014  
\*\*\*541.25 \*\*\*541.25

**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

*Willie M. Martin*

Willie M. Martin

Vice President

DATE

9/23/97

(248) 646-0202

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)