LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A 18428

FILED

02 APR 30 AM 8:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Entity Name

MONTEREY LAKE LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

4/30

2. Principal Place of Business	3. Mailing Address
c/o McKinley Associates INC	c/o McKinley Associates INC
Suite, Apt. #, etc.: 320 N. Main St. Suite 200	Suite, Apt. #, etc.: 320 N. Main St. Suite 200
City & State: ANN ARBOR, MI	City & State: ANN ARBOR, MI
Zip: 48104 Country:	Zip: 48104 Country:

DUE BY MAY 1

4. FEI Number: 86-0512139 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Gary Kaleita

Street Address (P.O. Box Number is Not Acceptable): Saunders, Drosdick, Doster, Kantor & Reed
215 N. Eola Dr. / P.O. Box 2809

City: Orlando FL Zip Code: 32802-2809

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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$ 2,400,960.00	$ 2,400,960.00	

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

DOCUMENT #	P18494
NAME	McKinley Associates, Inc
STREET ADDRESS	320 N. Main St. Suite 200
CITY-ST-ZIP	Ann Arbor, MI 48104
DOCUMENT #	
NAME	Weiser, Ronald
STREET ADDRESS	320 N. Main St. Suite 200
CITY-ST-ZIP	Ann Arbor, MI 48104
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	**DO NOT WRITE**
STREET ADDRESS	**IN THIS SPACE**
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CITY-ST-ZIP	

CR2E003B (12/01)

STAPLE CHECK HERE

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: Thelma Betterly Thelma Betterly 4/25/02 734-769-8520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

Secretary
McKinley Associates, INC