

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

576.25

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

96 OCT -9 AM 10:35

1. Name of Limited Partnership

1a. DOCUMENT #
A19220

DOWN YONDER MOBILE HOME VILLAGE, LTD.

Mailing Address

**4000 TOWN CENTER #555
SOUTHFIELD MI 48075-1499**

Principal Office Address

**7001 142ND AVE., NORTH
LARGO FL 33541**

3. Date Formed or Registered

02/25/1985

5a. Capital Contributions as
Shown on record

\$5,755,000.00

3a. Date of Last Report

04/24/1996

5b. Amount of Capital
Contributions in FLOIDA
to date

4. State or Country of Formation

FL

6. FEI Number

38-2577094

☐ 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

10. If changed, new Registered Agent/Office

**MILLER, ROBERT
2236 GULF-TO-BAY BLVD. #300
CLEARWATER FL 34625**

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)

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.

6589 PLEASANT LAKE CT

W. BLOOMFIELD MI 4832

MORGANROTH, FRED

30920 WOODCREST COURT

FRANKLIN MI 48025

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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 _____

DATE

Typed or Printed Name of General Partner Signing Form _____

Fred Morganroth

Daytime Telephone Number

810 358 5980

CR2E003 (6/96)