

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A19220			
1. Entity Name DOWN YONDER MOBILE HOME VILLAGE, LTD.			
Principal Place of Business 31313 NORTHWESTERN HIGHWAY SUITE 102 FARMINGTON HILLS MI 48334		Mailing Address 31313 NORTHWESTERN HIGHWAY SUITE 102 FARMINGTON HILLS MI 48334-2576	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SHEETZ, RAY 45 PELICAN ROOST BOKEELIA FL 33922		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. Capital Contributions as Shown on record. \$5,755,000.00		10. Amount of Capital Contributions in FLORIDA to date. 5,755,000.00	
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	COHN, SIDNEY L.	CITY - ST - ZIP	
STREET ADDRESS	6569 PLEASANT LAKE CT.		
CITY - ST - ZIP	W. BLOOMFIELD MI 48322		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	MORGANROTH, FRED	CITY - ST - ZIP	
STREET ADDRESS	30920 WOODCREST COURT		
CITY - ST - ZIP	FRANKLIN MI 48025		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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STREET ADDRESS			
CITY - ST - ZIP			
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: SIGNATURE REQUIRED		Date: 2/2/00 (248) 851-3111	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	



FILED
00 FEB 21 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)