LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A 19313

1. Entity Name

MONTEREY MEADOWS LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

FILED
2002 JUN 20 PM 4:50
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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 38-2965366 ☐ 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

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 _____ 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
$ 702,845.00	$ 702,845.00	

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 #	P 18494
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	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	FF $526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	**DO NOT WRITE**
STREET ADDRESS	**IN THIS SPACE**
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	300005597053--4
STREET ADDRESS	-05/22/02--01025--007
CITY-ST-ZIP	****526.25 ****526.25

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 GP