

2001 UNIFORM BUSINESS REPORT (UBR)

0018414 AF

DOCUMENT # **A19588**

1. Entity Name

ROSEMONT 28 LIMITED PARTNERSHIP

FILED

01 APR 27 PM 6:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MJH

Principal Place of Business

% WATER'S EDGE OF ROSEMONT, INC.
499 CRANE'S ROOSE BLVD., SUITE 110
ALTAMONTE SPRINGS FL 32701

Mailing Address

320 N. MAIN STREET
SUITE 200
ANN ARBOR MI 48104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1669364

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KALEITA GARY

LOWNDES, DROSDICK, DOSTER, KANTOR & REED

215 N. EOLA

ORLANDO FL 32802-2809

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,398,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$1,398,000.00

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 #

L88932

NAME

WATER'S EDGE OF ROSEMONT

STREET ADDRESS

320 N. MAIN STREET, SUITE 200

CITY-ST-ZIP

ANN ARBOR MI 48104

STREET ADDRESS

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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:

Teresa Welsh

TERESA WELSH

Teresa Welsh CFO

4/24/01

734.769.8520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Waters Edge of Rosemont

Date

Daytime Phone #

CR2E003 (11/00)