

# 2002 UNIFORM BUSINESS REPORT (UBR)

0002898 AB

DOCUMENT # **A21132**

1. Entity Name

**UNIPROP MANUFACTURED HOUSING COMMUNITIES INCOME FUND, A MICHIGAN LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 SEP 10 AM 11:28



Principal Place of Business

Mailing Address

280 DAINES ST.  
SUITE 300  
BIRMINGHAM MI 48009

280 DAINES ST.  
SUITE 300  
BIRMINGHAM MI 48009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY SEPTEMBER 25, 2002**

4. FEI Number **38-2593067**

Applied For

Not Applicable

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

**RINES, MILTON T  
15235 SOUTH TAMiami TRAIL  
FT. MYERS FL 33908**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record. **\$21,554,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **21,554,000**

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 # **A21130**  
NAME **P.I. ASSOCIATES LIMITED**  
STREET ADDRESS **280 DAINES ST. #300**  
CITY-ST-ZIP **BIRMINGHAM MI**

STREET ADDRESS

CITY-ST-ZIP

**3000007794693--4**

**-09/17/02--01015--013**

**\*\*\*526.25 \*\*\*526.25**

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**-09/17/02--01015--014**

**\*\*\*400.00 \*\*\*400.00**

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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**(248) 645-9220**

CR2E003 (4/02)