

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Aug 23, 2004 08:00 AM
Secretary of State

DOCUMENT # A21132 1. Entity Name UNIPROP MANUFACTURED HOUSING COMMUNITIES INCOME FUND, A MICHIGAN LIMITED PARTNERSHIP	
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Principal Place of Business 280 DAINES ST. SUITE 300 BIRMINGHAM, MI 48009	Mailing Address 280 DAINES ST. SUITE 300 BIRMINGHAM, MI 48009
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2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State

Zip	Country	Zip	Country
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07022004 Chg-LP CR2E003 (10/03)

4. FEI Number 38-2593067	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RINES, MILTON T 15235 SOUTH TAMiami TRAIL FT. MYERS, FL 33908	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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	DATE
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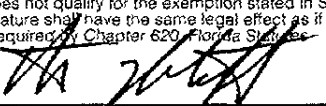
9. Capital Contributions as Shown on record \$21,554,000.00	10. Amount of Capital Contributions in FLORIDA to date. SAME	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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A GENERAL PARTNER THAT IS 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	STREET ADDRESS	
NAME	P.I. ASSOCIATES LIMITED	CITY-ST-ZIP	
STREET ADDRESS	280 DAINES ST. #300		
CITY-ST-ZIP	BIRMINGHAM, MI		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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 08/23/04 00000-021-526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date 8/15/04 City/tna Phone # (205) 645-9220
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P. Zlotoff VP of it's GP

STAPLE CHECK HERE