2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED AN

| Due By May 1, 2006 | | | | Apr 17, 2006 08:00 | |
|--|---|--|------------------------|--|---|
| DOCUMENT # A21132 1. Entity Name UNIPROP MANUFACTURED HOUSING COMMUNITIES INCOME FUND, A MICHIGAN LIMITED PARTNERSHIP | | | | | cretary of State |
| 280 DAINES SUITE 300 | ce of Business ST, M, MI 48009 | Mailing Address 280 DAINES ST. SUITE 300 BIRMINGHAM, MI 48009 | | | |
| DO NOT WRITE IN THIS SPACE | | | | 03242006 No Chg-LP 4. FEI Number 38-2593067 5. Certificate of Status Desired | CR2E003 (11/05) Applied For Not Applicab \$8.75 Additional Fee Required |
| | 6. Name and Address of Current | Registered Agent | | | |
| RINES, MILTON T 15235 SOUTH TAMIAMI TRAIL FT. MYERS, FL 33908 | | | | DO NOT W | /RITE |
| | | | IN THIS SPACE | | |
| | e named entity submits this statement for tions of registered agent. | or the purpose of changing its registe | red office or régister | ed agent, or both, in the State of F | lorida. I am familiar with, and accep |
| SIGNATURE | and pringiples again | | | | |
| | Signature, typed or printed name of registered agent | and title if applicable | 1 | | DATE |
| | | VIII FEE IS \$500.00 2006, Fee will be \$900.00 | | | |
| | | THAT IS A BUSINESS ENTITY NATION OF THE PROPERTY IN THE PROPER | | | |
| 12. | GENERAL PARTNÉI | | | | <u> </u> |
| DOCUMENT # NAME STREET ADDRESS GITY-SI-ZIP | P.I. ASSOCIATES LIMITED 280 DAINES ST. #300 BIRMINGHAM, MI | | | | • |
| DOCUMENT # NAME SIREET ADDRESS CITY-ST-ZIP | | | | U00000 04/29/06- | 514652 80181-010 500.00 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | | | DO NOT W | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | | | IN THIS SP | ACE |
| DOCUMENT # NAME STREET ADDRESS | | | | | |

14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 it made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report is required by Chapter 620, Florida Statutes

SIGNATURE:

STAPLE CHECK HERE

CHY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CHY-ST-ZIP

> Joe Schwartz MATURE AND TYPED OR PRINTED NAME OF SIGNING MENERAL PARTNER