

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # A22102

1. Entity Name
HOLLYWOOD MOBILE ESTATES LIMITED



Principal Place of Business
**31550 NORTHWESTERN HWY
#200
FARMINGTON HILLS, MI 48334**

Mailing Address
**31550 NORTHWESTERN HWY
#200
FARMINGTON HILLS, MI 48334**



01252008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1667953

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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.

U000000913123
05/08/08-20003-017-500.00
DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**PARTRICH, SPENCER M.
31550 NORTHWESTERN HWY
FARMINGTON HILLS, MI**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**SHAPIRO, MICKEY
31550 NORTHWESTERN HWY
FARMINGTON HILLS, MI**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**HARTMAN, BERNARD
24700 W. 12 MILE ROAD
SOUTHFIELD, MI**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**TYNER, HERBERT
24700 W. 12 MILE ROAD
SOUTHFIELD, MI**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing 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 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

SPENCER M. PARTRICH, A GENERAL PARTNER

Date

Daytime Phone #

4/10/08

STAPLE CHECK HERE