

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # A23186

1. Entity Name
COLONIAL VILLAGE LIMITED PARTNERSHIP



Principal Place of Business

**280 DAINES STREET
SUITE 300
BIRMINGHAM, MI 48009**

Mailing Address

**280 DAINES STREET
SUITE 300
BIRMINGHAM, MI 48009**



03232006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-2689854

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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 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.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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 # **P05889**
NAME **UNIPROP, INC.**
STREET ADDRESS **280 DAINES ST., SUITE 300**
CITY-ST-ZIP **BIRMINGHAM, MI**

DOCUMENT # **F93000005761**
NAME **GP COLONIAL VILLAGE CORP.**
STREET ADDRESS **280 DAINES ST., SUITE 300**
CITY-ST-ZIP **BIRMINGHAM, MI 48009**

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04/22/06-80023-013 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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:

Joel Schwartz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JOEL SCHWARTZ

Date

Daytime Phone #

4/4/06 248-645-9220