

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 24 AM 11:27

1. Name of Limited Partnership

1a. DOCUMENT #
A23814

BOULEVARD MOBILE HOME ESTATES, LTD.



Mailing Address

4000 TOWN CENTER
SUITE 555
SOUTHFIELD MI 48075

Principal Office Address

4000 TOWN CENTER
SUITE 555
SOUTHFIELD MI 48075

3. Date Formed or Registered

12/17/1986

5a. Capital Contributions as Shown on record.

\$969,000.00

3a. Date of Last Report

10/09/1996

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

FL

6. FEI Number

38-2070846

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

401 S. Old Woodward
Ste. 420
Birmingham, MI
48009 USA

2a. Principal Office Address

401 S. Old Woodward
Ste. 420
Birmingham, MI
48009 USA

9. Name and Address of Current Registered Agent

REGAN, HAROLD E.
211 SOUTH GADSDEN
TALLAHASSEE FL 32301

10. If changed, now Registered Agent/Office

Name
4000002304734--6
Street Address (P.O. Box Number is Not Acceptable)
12/05/97--01108--016
Suite, Apt. #, etc.
***541.25 ***541.25
City
FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

COHN, SIDNEY L.
MORGANROTH, FRED
PERLMAN, STUART

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

4000 TOWN CENTER, #55
4000 TOWN CENTER, #55
4000 TOWN CENTER, #55

11b. City, State & Zip Code

SOUTHFIELD MI
SOUTHFIELD MI
SOUTHFIELD MI

11c. Registration/Document Number

12-1

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Stuart Perlman

DATE

Daytime Telephone Number

(248) 258-8820

CR2003 (6/97)