

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

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1998</b>			FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  97 NOV 24 AM 11:26  
<b>1. Name of Limited Partnership</b>  PINECREST MOBILE HOME PARK, LTD.		<b>1a. DOCUMENT #</b> <b>A25044</b>			
<b>Mailing Address</b> 4000 TOWN CENTER SUITE 555 SOUTHFIELD MI 48075		<b>Principal Office Address</b> 4000 TOWN CENTER SUITE 555 SOUTHFIELD MI 48075		<b>3. Date Formed or Registered</b> 08/18/1987	<b>5a. Capital Contributions as Shown on record.</b> \$625,005.00
<b>2. Mailing Address</b> 401 S. Old Woodward Suite, Apt. #, etc. Ste. 420 City & State Birmingham, MI Zip 48009 Country USA		<b>2a. Principal Office Address</b> 401 S. Old Woodward Suite, Apt. #, etc. Ste. 420 City & State Birmingham, MI Zip 48009 Country USA		<b>3a. Date of Last Report</b> 10/09/1996	<b>5b. Amount of Capital Contributions in FLORIDA to date.</b>
				<b>4. State or Country of Formation</b> FL	<b>6. FEI Number</b> 38-2752793
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				<b>7. Certificate of Status Desired</b>	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>					

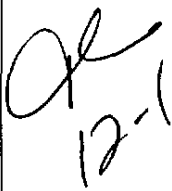
<b>9. Name and Address of Current Registered Agent</b>  REGAN, HAROLD E. 211 S. GADSDEN ST. TALLAHASSEE FL 32301	<b>10. If changed, new Registered Agent/Office</b> Name _____ Street Address (P.O. Box Number Is Not Accepted) 700002364737--6 Suite, Apt. #, etc. 12/05/97--01108--018 City _____ Zip Code *****541.25 *****541.25 State FL
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**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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
COHN, SIDNEY L.  MORGANROTH, FRED  PERLMAN, STUART	31997 OLDE FRANKLIN D  30920 WOODCREST CT.  6110 ROCKY SPRING RD.	FARMINGTON HILLS MI  FRANKLIN MI  BIRMINGHAM MI	

**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 \_\_\_\_\_

DATE \_\_\_\_\_

Typed or Printed Name of General Partner Signing Form \_\_\_\_\_

Stuart Perlman

Daytime Telephone Number (248) 258-8820

CR2E003 (6/97)