

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

576.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1750

96 OCT -9 AM 10:34

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership CALOOSA MOBILE HOME ESTATES, LTD.	1a. DOCUMENT # A25365
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Mailing Address 4000 TOWN CENTER SUITE 555 SOUTHFIELD MI 48075	Principal Office Address 4000 TOWN CENTER SUITE 555 SOUTHFIELD MI 48075
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country

3. Date Formed or Registered 10/22/1987	5a. Capital Contributions as Shown on record \$868,500.08
3a. Date of Last Report 10/06/1995	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation FL	6. FEI Number 38-2763060
7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Make check payable to: Dept. of State (See reverse side for less information)	

9. Name and Address of Current Registered Agent REGAN, HAROLD E 211 SOUTH GADSDEN TALLAHASSEE FL 32301	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) 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 300001974123--7 -10/15/96--01106--020 ****576.25 ****576.25
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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: Fred Morganroth

DATE 9-17-96
 Daytime Telephone Number 810 358 5980

CR2E003 (6/96)