DOCUMENT # A25365  1. Entity Name				FILED		
CALOOSA MOBILE HOME ESTATES, LTD.					00 FEB 21 PM 12: 55	
Principal Place of Business 31313 NORTHWESTERN HWY #102 FARMINGTON HILLS MI 48334		Mailing Address 31313 NORTHWESTERN HWY #102 FARMINGTON HILLS MI 48334-2576			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Pi	lace of Business	3. Mailing Address				
			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
		City & State				
City & State					38-2763060 Not Applicable	
Zip	Country	Zip	Coun	atry	5. Certificate of Status Desired	
	6. Name and Address of Current F	legistered Agent		Name	7. Name and Address of New Registered Agent	
REGAN, HAROLD E				Street Address (P.O. Box Number is Not Acceptable)		
211 SOUTH GADSDEN TALLAHASSEE FL 32301						
TALENT MODEL TE SESSI				City FL Zip Code		
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.						
SIGNATURE _			- B	· · · · · · · · · · · · · · · · · · ·	1 when reinstating) DATE	
9. Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT.						
as Shown o	A GENERAL PARTNER T	HAT IS A BUSINESS EN	ITITY M	UST BE REGIS	TERED AND ACTIVE WITH THIS OFFICE.	
12.	NOTE: General Partners MA  GENERAL PARTNER		he form	; an amendmer	at must be filed to change a general partner.  ADDRESS CHANGES ONLY	
DOCUMENT #			STRI	EET ADDRESS	(66/6	
NAME Street address City - ST - ZIP	COHN, SIDNEY L 401 S. WOODWARD #470 BIRMINGHAM MI 48009		СПУ	-ST-ZIP	<b>400003145034</b> -02/23/7001095001	
DOCUMENT# NAME	MORGANROTH, FRED		STR	EET ACORESS	-02/23/0001095001 ****526.25 ****526.25	
STREET ADDRESS City-St-Zip			CITY	'-ST-ZIP	-	
DOCUMENT#	PERLMAN, STUART		STRE	EET ADDRESS		
STREET ADORESS CITY-ST-ZIP			- слтү	'-ST-ZIP		
DOCUMENT # NAME			STR	EET ADDRESS		
STREET ADDRESS City-St-Zip			CITY	'-ST-ZIP		
DOCUMENT # NAME			STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	<del> </del>		CITY	'-ST-ZIP		
DOCUMENT #	1		STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				'-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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						