

**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

55 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	1a. DOCUMENT # A25366
CHALET VILLAGE MOBILE HOME ESTATES, LTD.	



2. Mailing Address	2a. Principal Office Address
4000 TOWN CENTER SUITE 555 SOUTHFIELD MI 48075	4000 TOWN CENTER SUITE 555 SOUTHFIELD MI 48075
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered	10/22/1987	5a. Capital Contributions as Shown on record	\$625,005.00
3a. Date of Last Report	10/02/1995	5b. Amount of Capital Contributions in FLORIDA to date	
4. State or Country of Formation	FL		
6. FEI Number	38-2762929	<input type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable
7. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to Dept. of State (See reverse side for fee 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 Applicable)
Suite, Apt. #, etc
City
Zip Code
FL

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.	4000 TOWN CENTER, #55	SOUTHFIELD MI	500001974125--0 -10/15/96--01106--021 ****576.25 ****576.25
MORGANROTH, FRED	4000 TOWN CENTER, #55	SOUTHFIELD MI	
PERLMAN, STUART	4000 TOWN CENTER, #55	SOUTHFIELD 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 _____ <i>Fred Morganroth</i>	DATE <u>9-17-96</u>
Typed or Printed Name of General Partner Signing Form	Date and Telephone Number <u>810 358 5980</u>

CR2E003 (6/96)