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

LIMITED PARTNERSHIP ANNUAL REPORT **1997**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 25 AM 9:49

1. Name of Limited Partnership

1a. DOCUMENT # A25831

COVENTRY SQUARE NORTH, LTD.

Mailing Address:
850 STEPHENSON HWY. STE 200
TROY MI 48083

Principal Office Address:
850 STEPHENSON HWY.. STE 200
TROY MI 48083

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: 01/22/1988

3a. Date of Last Report: 04/16/1996

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $270,110.00

5b. Amount of Capital Contributions in FLORIDA to date: 269696.00

6. FEI Number: 38-2793418 ☐ 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)

9. Name and Address of Current Registered Agent

TROCKE, MICHAEL T
101 EAST KENNEDY BLVD
SUITE ~~#2600-~~ 2800
TAMPA FL 33602

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc. Suite #2800
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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
DAMONE, MICHAEL G	850 STEPHENSON HWY. #	TROY MI 48083	
ANDREW, DANIEL R	850 STEPHENSON HWY. #	TROY MI 48083	
WILKINS, KIM O	~~312 ROLLING MEADOWS D~~ 2521 Walnut Rd.	ANN ARBOR MI	
DAMONE/ANDREW INVST. CO.	850 STEPHENSON HWY. #	TROY MI 48083	P01718

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 effect 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 X Michael G. Damone DATE X 12/12/96

Typed or Printed Name of General Partner Signing Form: **MICHAEL G. DAMONE** General Partner

Daytime Telephone Number: 810-583-6020

CR2E003 (6/96)

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