

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

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
98 JAN -2 PM 3:22

1. Name of Limited Partnership COVENTRY SQUARE NORTH, LTD.	1a. DOCUMENT # A25831
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Mailing Address 850 STEPHENSON HWY., STE 200 TROY MI 48063	Principal Office Address 850 STEPHENSON HWY., STE 200 TROY MI 48063	3. Date Formed or Registered 01/22/1988	5a. Capital Contributions as Shown on record. \$270,110.00
		3a. Date of Last Report 12/24/1996	5b. Amount of Capital Contributions in FLORIDA to date 269,696.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	4. State or Country of Formation FL	6. FEI Number 38-2793418
		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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 #2800 TAMPA FL 33602	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)	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. # 200	TROY MI 48083	
ANDREW, DANIEL R	850 STEPHENSON HWY. # 200	TROY MI 48083	
WILKINS, KIM O	2521 WALNUT RD.	ANN ARBOR MI	
DAMONE/ANDREW INVST. CO.	850 STEPHENSON HWY. # 200	TROY MI 48083	P01718

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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 *Michael G. Damone* DATE *12/29/97*
 Typed or Printed Name of General Partner Signing Form *MICHAEL G. DAMONE* Daytime Telephone Number *248-583-6020*

CP25003 (6/97)