

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A26825**

1. Entity Name

**ASTER LAKES LIMITED PARTNERSHIP**

FILED

02 MAR 26 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

280 DAINES STREET  
SUITE 300  
BIRMINGHAM MI 48009

Mailing Address

280 DAINES STREET  
SUITE 300  
BIRMINGHAM MI 48009



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

31-1246402

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75: Additional  
Fee Required

6. Name and Address of Current Registered Agent

RINES, MILTON T  
15235 SOUTH TAMiami TRAIL  
FT. MYERS FL 33908

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$990.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # F93000005762  
NAME GP ASTER LAKES CORP.  
STREET ADDRESS 280 DAINES ST., SUITE 300  
CITY-ST-ZIP BIRMINGHAM MI 48009

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

S02058900824--7  
-02/21/02--90017--034  
\*\*\*\*141.25 \*\*\*\*141.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FF \$141.25

STREET ADDRESS

CITY-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

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

(248) 645-9220

0017847 AT

CR2E003 (9/01)

STAPLE CHECK HERE