

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 NOV 25 PM 1:57

1. Name of Limited Partnership 	1a. DOCUMENT # A27161
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GULFSTREAM MOBILE HOME ESTATES, LTD.



Mailing Address 4000 TOWN CENTER SUITE 555 SOUTHFIELD MI 48075	Principal Office Address 4000 TOWN CENTER SUITE 555 SOUTHFIELD MI 48075	3. Date Formed or Registered 10/04/1988	5a. Capital Contributions as Shown on record \$318,000.00
2. Mailing Address 4015 Old Woodward Ste. 420 Birmingham, MI 48009 USA	2a. Principal Office Address 4015 Old Woodward Ste. 420 Birmingham, MI 48009 USA	3a. Date of Last Report 10/09/1996	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation FL	6. FEI Number 38-2823782	<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 211 SOUTH GADSDEN TALLAHASSEE FL 32301	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) COHN, SIDNEY L. MORGANROTH, FRED PERLMAN, STUART	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 31997 OLDE FRANKLIN D 30920 WOODCREST COURT 6110 ROCKY SPRING ROA	11b. City, State & Zip Code FARMINGTON HILLS MI FRANKLIN MI BIRMINGHAM MI	11c. Registration/Document Number 1.00002362431-4 -12/03/97-01091-015 *****541.25 *****541.25 KWM
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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

Typed or Printed Name of General Partner Signing Form

Stuart Perlman
 Stuart Perlman

DATE

Daytime Telephone Number

(248) 258-8820

C92E003 (6/97)