## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE &

Typed or Printed Name of General Partner Signing Form

1a. DOCUMENT # **A27495** 

FILED
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CLUNETARY OF STATE
TALL MHASSEE, FLUMDA

BREEZY	<b>PINES</b>	R.V.	ESTATES,	LTD.

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	un						
Mailing Address  461-S. OLD WOODWARD. SUITE 420  BIRMINGHAM MI 48009  2. Mailing Address 31313 National Market Mar	Principal Office Address  401 S. OLD WOODWARD. SUITE 428  DIRMINGHAM MI 40009  2a. Principal Office Address  SAHE		38	Date Formed or Registered 12/07/1988  Date of Last Report 11/24/1997  State or Country of Formation FL	5a. Capital Contributions as Shown on record. \$901,800.00  5b. Amount of Capital Contributions in FLORIDA to date:		
Suite, Apt. #, etc. #/02 City & State Farmenaton Hills, H/	Suite, Apt. #, etc.  City & State			FEI Number 38-2835 140 Certificate of Status Desired		Applied For Not Applicable  \$8.75 Additional Fee Required	
48334 Sabland	Zip Country  8. Make check payable to: Dept. of State (See reverse side for						
9. Name and Address of Current Registered Agent REGAN, HAROLD E. 211 SOUTH GADSDEN		1 (). If changed, new Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32301  10a. Pursuant to the provisions of sections 620,1051 and for the purpose of changing its registered office or re	620.192, Florida Statutes, the above-name gistered agent, or both, in the State of Flori	Suite, Apt. #, etc.  City  FL  Zip Code  amed limited partnership organized or registered under the laws of the State of Florida, submits this statement 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  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT	of section 620.192, Florida Statutes.	IMITED	PARTNE	DATE	<u></u>	NESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General Control of Cont	i Partner ox Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
COHN, SIDNEY L.  MORGANROTH, FRED  PERLMAN, STUART	31997 OLDE FRANKLIN D 30920 WOODCREST COURT 6110 ROCKY SPRING RD		FARMINGTON HILLS MI FRANKLIN MI BIRMINGHAM MI				
•				600002 -10/20 ****\$	/930	5663 1081-012 ****526.25	
Note: General partners MAY NOT	be changed on this form	n; an am	endment	must be filed to ch	ange a g	eneral partner.	
12. I do hereby certify that the Information supplied with the Corporations from any liability of non-compliance with	Section 119.07(3)(k) in the event that the in	formation supp	lied is deemed ex	in Section 119.07(3)(k), Florida Stempt from public access. I furthe	r certify that th	e information indicated on	