

2001 UNIFORM BUSINESS REPORT (UBR)

0016605 AF

DOCUMENT # **A27495**

1. Entity Name

BREEZY PINES R.V. ESTATES, LLLP

FILED
01 APR 10 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

31313 NORTHWESTERN HWY.. #102
FARMINGTON HILLS MI 48334

Mailing Address

31313 NORTHWESTERN HWY.. #102
FARMINGTON HILLS MI 48334

2. Principal Place of Business

401 S. OLD WOODWARD

3. Mailing Address

401 S. OLD WOODWARD

Suite, Apt. #, etc.

STE 470

Suite, Apt. #, etc.

STE 470

City & State

BIRMINGHAM MI

City & State

BIRMINGHAM MI

Zip

48009

Country

Zip

48009

Country

4. FEI Number

38-2835140

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REGAN, HAROLD E.
211 SOUTH GADSDEN
TALLAHASSEE FL 32301

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$901,800.00

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 #
NAME COHN, SIDNEY L.
STREET ADDRESS 31997 OLDE FRANKLIN DR.
CITY-ST-ZIP FARMINGTON HILLS MI

DOCUMENT #
NAME MORGANROTH, FRED
STREET ADDRESS 30920 WOODCREST COURT
CITY-ST-ZIP FRANKLIN MI

DOCUMENT #
NAME PERLMAN, STUART
STREET ADDRESS 6110 ROCKY SPRING RD
CITY-ST-ZIP BIRMINGHAM MI

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

100004014061--7

-04/17/01--01101--013

*****526.25 *****526.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)