

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**DOCUMENT # A27495**

1. Entity Name

**BREEZY PINES R.V. ESTATES, LLLP**



**FILED**

04 MAY 24 PM 1:36

RECEIVED STATE  
TALLAHASSEE FLORIDA

*Handwritten initials*



MOORE

CR2E003 (11/03)

*Handwritten number 5124*

Principal Place of Business 401 S. OLD WOODWARD SUITE 470 BIRMINGHAM MI 48009		Mailing Address 401 S. OLD WOODWARD SUITE 470 BIRMINGHAM MI 48009	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>38-2835140</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**REGAN, HAROLD E.**  
~~211 SOUTH GADSDEN~~ 1017 Thomasville Road  
**TALLAHASSEE FL 32303** Ste. A

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$901,800.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION.
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**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
	COHN, SIDNEY L.	6589 Pleasant Lake Court	
STREET ADDRESS		CITY-ST-ZIP	
	<del>30900 DEER CREEK DR</del>	West Bloomfield, MI 48322	
CITY-ST-ZIP			
	<del>FARMINGTON HILLS MI</del>		
DOCUMENT #	NAME	STREET ADDRESS	
	MORGANROTH, FRED		
STREET ADDRESS	30920 WOODCREST COURT	CITY-ST-ZIP	05/04/04--01036--022 **578.75
CITY-ST-ZIP	FRANKLIN MI (DECEASED)		
DOCUMENT #	NAME	STREET ADDRESS	
	PERLMAN, STUART		
STREET ADDRESS	6110 ROCKY SPRING RD	CITY-ST-ZIP	Bloomfield Hills, MI 48301
CITY-ST-ZIP	<del>BIRMINGHAM MI</del>		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
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:**

*Handwritten signature of Stuart Perlman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Stuart Perlman

248-258-8820

Date

Daytime Phone #

*Handwritten number \$526.25*

STAPLE CHECK HERE