

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # A27495

1. Entity Name

BREEZY PINES R.V. ESTATES, LLLP



Principal Place of Business

401 S. OLD WOODWARD
SUITE 470
BIRMINGHAM, MI 48009

Mailing Address

401 S. OLD WOODWARD
SUITE 470
BIRMINGHAM, MI 48009



01072006 No Chg-LP

CR2E003 (11/05)

4. FEI Number

38-2836140

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

REGAN, HAROLD E.
1017 THOMASVILLE ROAD, STE A
TALLAHASSEE, FL 32303

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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

6569 PLEASANT LAKE COURT

CITY-ST-ZIP

WEST BLOOMFIELD, MI 48322

DOCUMENT #

NAME

PERLMAN, STUART

STREET ADDRESS

8110 ROCKY SPRING RD

CITY-ST-ZIP

BLOOMFIELD HILLS, MI 48301

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

U00000434827
02/25/06-80017-018 500.00

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

STUART PERLMAN

2/1/06

248-258-8820

Date

Daytime Phone #

STAPLE CHECK HERE