

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018283 AB

FILED

03 MAR 24 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A27495 1. Entity Name BREEZY PINES R.V. ESTATES, LLLP	
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Principal Place of Business 401 S. OLD WOODWARD SUITE 470 BIRMINGHAM MI 48009	Mailing Address 401 S. OLD WOODWARD SUITE 470 BIRMINGHAM MI 48009
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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DUE BY MAY 1, 2003	
4. FEI Number 38-2835140	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable

Zip	Country	Zip	Country
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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
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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9. Capital Contributions as Shown on record. \$901,800.00

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. 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 #	COHN, SIDNEY L.
NAME	31997 OLDE FRANKLIN DR.
STREET ADDRESS	FARMINGTON HILLS MI
CITY-ST-ZIP	
DOCUMENT #	MORGANROTH, FRED
NAME	30920 WOODCREST COURT
STREET ADDRESS	FRANKLIN MI
CITY-ST-ZIP	
DOCUMENT #	PERLMAN, STUART
NAME	6110 ROCKY SPRING RD
STREET ADDRESS	BIRMINGHAM MI
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	800014552888 03/24/03--01059--008 **526.25
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: <u>Stuart Perlman</u>	Date: <u>4/19/03</u>	Daytime Phone #: <u>248-258 5820</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #

CR2E003 (10/02)