

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A27495**

1. Entity Name  
**BREEZY PINES R.V. ESTATES, LLLP**



FILED  
03 MAR 24 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2003**

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

7. Name and Address of New Registered Agent

**REGAN, HAROLD E.  
211 SOUTH GADSDEN  
TALLAHASSEE FL 32301**

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

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

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 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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY-ST-ZIP

**800014552888**  
**03/24/03--01059--008 \*\*526.25**

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

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

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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:

*Stuart Perlman*  
**STUART PERLMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/19/03**

Date

**248-258 8820**

Daytime Phone #

CR2E003 (10/02)

0018263 AB