DOCUM 1. Entity Name	IENT#	A2829	6		•		·			0018385 AF
TRAILER GROVE ASSOCIATES LIMITED PARTNERSHIP							FILE)	Y X	ग
Principal Place of Business Mailing Address						01	MAR -5 A	и IO: 59)	
3000 TOWN CENTER SUITE 540 SOUTHFIELD MI 48075			3000 TOWN CENTER SUITE 540 SOUTHFIELD MI 48075				CRETARY OF			
2. Principal Plac	ce of Business		3. Mailing Address	5					11811 11811 1811 18	
Suite, Apt. #, etc.			Suite, Apt. #, etc. City & State				DO NOT WRITE IN THIS SPACE			
City & State					···	4. FEI Numbe	4. FEI Number 38-2865486		Applied For	
Zip	Cour	ntry	Zip	Cou	intry	5. Certificate of	of Status Desired		Not Applica 8.75 Additional ee Required	ible
6. Name and Address of Current Registered Agent					Name	7. Name and	Address of New Re	egistered Ag	jent	
CORPORATION INFORMATION SERVICES, INC.					Name Street Address (P.O. Box Number is Not Acceptable)					
502 EAST PA										_
TALLAI IAGGE	LL 1 L 02001				City			F.1	Zip Code	
										- 1
8. The above na	amed entity submit	ts this statement for	the purpose of chang	aina its reaiste	red office or regis	stered agent, or both	in the State of Flor	FL		_
8. The above na	amed entity submit	ts this statement for	the purpose of chang	ging its register	red office or regis	stered agent, or both	, in the State of Flor			
SIGNATURE		ts this statement for			red office or regis		, in the State of Flor			
SIGNATURE	gnature, typed or printed in ibutions record.	name of registered agent as	nd title if applicable. 10. Amount of in FLORID	(NOTE: Register of Capital Contr DA to date.	red Agent signature requ floutions	uired when reinstating)	11. MAKE CHECI SEE REVERS	DATE K PAYABLE T E SIDE FOR	O DEPT. OF STATE	
SIGNATURE Sig 9. Capital Contri as Shown on	ibutions record. A GENER NOTE: Gene	name of registered agent at \$390,000.00 IAL PARTNER TI rai Partners MA	10. Amount of in FLORID HAT IS A BUSINES Y NOT be changed	(NOTE: Register of Capital Contr DA to date. SS ENTITY N	red Agent signature requiributions	uired when reinstating)	11. MAKE CHECI SEE REVERS	DATE K PAYABLE T E SIDE FOR	O DEPT. OF STATE FEE INFORMATION	
SIGNATURE Signature 9. Capital Contrius Shown on	ibutions record. A GENER NOTE: Gene	name of registered agent at \$390,000.00	10. Amount of in FLORID HAT IS A BUSINES Y NOT be changed	(NOTE: Register of Capital Contr DA to date. SS ENTITY N	red Agent signature requiributions MUST BE REGIN; an amendm	uired when reinstating)	11. MAKE CHECI SEE REVERS	DATE K PAYABLE TO E SIDE FOR S OFFICE. neral partn	O DEPT. OF STATE FEE INFORMATION	(6)
9. Capital Contri as Shown on 12. DOCUMENT # NAME STREET ADDRESS 30	pnature, typed or printed ributions record. A GENER NOTE: Gene G TEISS, RONALD	name of registered agent at \$390,000.00 IAL PARTNER TI rai Partners MAY ENERAL PARTNER	10. Amount of in FLORID HAT IS A BUSINES Y NOT be changed	(NOTE: Register of Capital Contr DA to date. SS ENTITY & 1 on the forn	red Agent signature requirements MUST BE REGION; an amendm REET ADDRESS	uired when reinstating) ISTERED AND AGent must be filed	11. MAKE CHECK SEE REVERS CTIVE WITH THIS to change a ger ADDRESS CHA	DATE K PAYABLE TI E SIDE FOR S OFFICE. neral partn NGES ONLY	O DEPT. OF STATE FEE INFORMATION Her.	
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SIGNATURE:

SIGNATURE FIGURES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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Daytime Phone #