

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A28804**

1. Entity Name  
**ENDLESS SUMMER R.V. ESTATES, LLLP**



Principal Place of Business  
**401 S. OLD WOODWARD, STE. 470  
BIRMINGHAM, MI 48809**

Mailing Address  
**401 S. OLD WOODWARD, STE. 470  
BIRMINGHAM, MI 48809**



01072006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**38-2883475**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**REGAN, HAROLD  
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  
STREET ADDRESS  
CITY-ST-ZIP  
**COHN, SIDNEY L  
6589 PLEASANT LAKE COURT  
WEST BLOOMFIELD, MI 48322**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PERLMAN, STUART  
6110 ROCKY SPRING ROAD  
BLOOMFIELD HILLS, MI 48301**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000433310  
02/24/06-80013-004 500.00

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

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:**

**STUART PERLMAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2/1/06**

**248-2588800**

Date

Daytime Phone #