

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 23, 2007 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**



01032007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-2883475	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2007, 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	6589 PLEASANT LAKE COURT
CITY-ST-ZIP	WEST BLOOMFIELD, MI 48322

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

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
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CITY-ST-ZIP	

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01/25/07-80034-016 500.00

**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: *Stuart Perlman* **STUART PERLMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-10-07

Date

248-258-8820

Daytime Phone #

STAPLE CHECK HERE