FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

A31476

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 MAR 17 PM 12:19

1. Name of Limited Partnership	1a. DOCUMENT # A31476
Chase Crossing Associates Limited Partnership	

BK 3/17/97

Mailing Address	Principal Office Address
P.O. Box 7777 Troy, MI 48007-7777	5700 Crooks Road #400 Troy, MI 48098

3. Date Formed or Registered	5a. Capital Contributions as Shown on record
4/26/91	$750,000.00
3a. Date of Last Report: 1/22/96	**5b.** Amount of Capital Contributions in FLORIDA to date: $750,000.00
4. State or Country of Formation: FL	

2. Mailing Address	2a. Principal Office Address
P.O. Box 7777	250 Belle Chase Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Troy, MI	City & State: Tampa, FL
Zip: 48007-7777 Country: USA	Zip: 33634 Country: USA

6. FEI Number: 38-2993385 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☒ $8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
CT Corporation System 1200 South Pine Island Road Plantation, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip

400002118224--7
-03/19/97--01099--001
*****8.75 *****8.75

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
Chase Crossing, Inc.	5700 Crooks Road Suite 400	Troy, MI 48098	S44970

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****541.25 ****541.25

CR2E003 (6/96)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____ DATE 3/14/97

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____