

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # A31564 1. Entity Name ORANGE CITY COUNTRY VILLAGE MOBILE HOME PARK LIMITED PARTNERSHIP					
Principal Place of Business 2300 E. GRAVES ORANGE CITY, FL 32763			Mailing Address 21411 CIVIC CENTER DRIVE, #306 SOUTHFIELD, MI 48076		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State #		City & State		4. FEI Number 38-2991221	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENNE, RUSSELL 175 COUNTRYSIDE DRIVE ORANGE CITY, FL 32763				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$90,000.00			10. Amount of Capital Contributions in FLORIDA to date. 90,000.		
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 # G00097900258 NAME RISSMAN INV. COMPANY STREET ADDRESS 21411 CIVIC CNTR DR, #306 CITY-ST-ZIP SOUTHFIELD, MI 48076				STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME SILLS, ARTHUR M. STREET ADDRESS 6960 ORCHARD LAKE RD, 100 CITY-ST-ZIP W. BLOOMFIELD, MI				STREET ADDRESS CITY-ST-ZIP	
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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: 7-2-04					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE