

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 22 AM 9: 08

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01312005 Chg-LP CR2E003 (10/03)

4. FEI Number
38-2991221

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENNE, RUSSELL
175 COUNTRYSIDE DRIVE
ORANGE CITY, FL 32763

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

9. Capital Contributions as Shown on record. \$90,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$90,000.00

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

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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03/01/05--01051--007 **526.25

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #

STAPLE CHECK HERE