

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

**FILED**  
**Mar 01, 2006 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02102006

Chg-LP

CR2E003 (11/05)

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$800.00**

**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

**000000451154**  
**03/10/06-80040-014 500.00**

DOCUMENT # **SILLS, ARTHUR M.**  
 NAME **6960 ORCHARD LAKE RD, 100**  
 STREET ADDRESS **W. BLOOMFIELD, MI**  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS

CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**✓ 2-20-06**

STAPLE CHECK HERE