

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

00186 3 73

DOCUMENT # **A95000001409**

1. Entity Name
ENTERTAINMENT CENTER LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAR 27 PM 4:09

L23/37

Principal Place of Business
**38500 WOODWARD AVE., SUITE 310
BLOOMFIELD HILLS MI 48304-2864**

Mailing Address
**P.O. BOX 893
BLOOMFIELD HILLS MI 48303**



2. Principal Place of Business
800 SEAGATE DRIVE

3. Mailing Address

Suite, Apt. #, etc.
SUITE 302

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
NAPLES, FL

City & State

4. FEI Number **65-0612816**

Applied For

Not Applicable

Zip
34103

Country

Zip

Country

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

**ARONOFF, JANET
626 GULF SHORE BLVD. SOUTH
NAPLES FL 33940**

Name

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

800 SEAGATE DRIVE, SUITE 302
City **Naples** FL Zip Code **34103**

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. **\$100.00**

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # **P95000072299**
NAME **ENTERTAINMENT CENTER, INC.**
STREET ADDRESS **38500 WOODWARD AVE., SUITE 310**
CITY-ST-ZIP **BLOOMFIELD HILLS MI 48304-2864**

STREET ADDRESS **800 SEAGATE DR. SUITE 302**
CITY-ST-ZIP **Naples, FL 34103**

DOCUMENT #
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CITY-ST-ZIP

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 **D. J. ARONOFF**

1-8-03 , **248.642 0190**
Date Daytime Phone #

CR2E003 (10/02)

PLEASE CHECK HERE