2002 UNIFORM BU	SINESS REPO	ORT (UBR)	APPKUVET — AND
DOCUMENT # A970	00001539	api veq	FILED
OCOEE PROPERTIES LIMITED PARTNE	RSHIP		02 APR 12 AM 11: 54
			SECRETARY OF STATE
Principal Place of Business 1133 WEST LONG LAKE ROAD. SUITE 202 BLOOMFIELD HILLS MI 48302	Mailing Address 1133 WEST LONG LAKE BLOOMFIELD HILLS MI		TALLAHASSEE, FLORIDA
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	- 	DUE BY MAY 1, 2002
City & State	City & State		4. FEI Number 38-3354172 Applied For
ZipCountry	Zip	Country	5- Certificate of Status Desired \$8.75. Additional
6. Name and Address of Curre	ent Registered Agent		Fee Required 7. Name and Address of New Registered Agent
ENO CORRODATE SERVICES INC		Name	
EMO CORPORATE SERVICES, INC. 100 N.E. THIRD AVENUE, SUITE 1100		Street Addre	iss (P.O. Box Number is Not Acceptable)
FT. LAUDERDALE FL 33301		Cih.	
• The above named entity submits this statemen	t for the number of charging it.	City	FL Zip Code
The above named entity submits this statemen	it for the purpose of changing its	s registered office or reg	istered agent, or both, in the State of Florida.
SIGNATURE Signature, typed or printed name of registered ag	gent and title if applicable.		CATE
Signature, typed or printed name of registered ag			11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
9. Capital Contributions as Shown on record. A GENERAL PARTNEF Signature, typed or printed name of registered ag \$100.00 A GENERAL PARTNEF	10. Amount of Capi in FLORIDA to o	date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION ISTERED AND ACTIVE WITH THIS OFFICE.
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SIGNATURE:

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #