

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001297

1. Entity Name
PORTFOLIO SEVEN OF FLORIDA LIMITED PARTNERSHIP



FILED

03 MAY -1 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
C/O PARK MANAGER
1040 MARCO COURT
GREENACRES FL 33463

Mailing Address
P.O. BOX 339696
FARMINGTON HILLS MI 48333

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 59-3513336

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

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301-2525

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. \$50,000.00

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 # M98000000520
NAME PORTFOLIO SEVEN GP, LLC
STREET ADDRESS 31550 NORTHWESTERN HIGHWAY, SUITE 110
CITY-ST-ZIP FARMINGTON HILLS MI 48334

STREET ADDRESS 31200 NORTHWESTERN HWY.
CITY-ST-ZIP FARMINGTON HILLS MI 48334

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP
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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

1/20/03

278 626-0737

Date

Daytime Phone #

0018973 AB

CR2E003 (10/02)

SHIPLE CHECK HERE