

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 29 AM 10:40

DOCUMENT # B97000000045

1. Entity Name

WINDSONG MOBILE VILLAGE LIMITED PARTNERSHIP

Principal Place of Business

1133 W. LONG LAKE ROAD  
SUITE 200  
BLOOMFIELD HILLS MI 48302-1985

Mailing Address

1133 W. LONG LAKE ROAD  
SUITE 200  
BLOOMFIELD HILLS MI 48302-1985

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0706532

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUDIN, ERIC  
5720 CENTRAL AVENUE  
ST. PETERSBURG FL 33707

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$800,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

685,000.00

11. MAKE CHECK PAYABLE TO 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 # F97000000380  
NAME AFFORDABLE LIVING, INC. MHP  
STREET ADDRESS 1700 N. WOODWARD AVE. STE. 200  
CITY - ST - ZIP BLOOMFIELD HILLS MI 48304

STREET ADDRESS

1133 W. LONG LAKE RD, SUITE 200

CITY - ST - ZIP

BLOOMFIELD HILLS, MI 48302

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

(248)  
x 2/21/00 433-0200