2002	2 UNIF	ORM BUS	INE	SS REP	DRT	(UB	R)			FILED			
DOCUMENT # B970000045 1. Entity Name WINDSONG MOBILE VILLAGE LIMITED PARTNERSHIP								02 HAY -1 AM 11: 32					
								SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business 1133 W. LONG LAKE ROAD SUITE 200 BLOOMFIELD HILLS MI 98302				Mailing Address 1133 W. LONG LAKE ROAD SUITE 200 BLOOMFIELD HILLS MI 98302							••••		
2. Principal Place of Business 1750 S. TELE WAPH RO. 3. Mailing Address 1750 S. TELE WAPH RO. 1750 S. TELE WA						RD.	1		1 014 2011 2001 20			OONIJ OBANK DII	IAI ESIL IBBL
Suite, Apt. #, etc. SUITE 30 A SUITE 36					A			DUE BY MAY 1, 2002					
City & Stat	ELO HU	BIOONFIELD HY					4. FEI Number	65-1706539			lied For Applicable		
48305 Zio	<u> </u>	Country		302	Cour	ntry		5. Certificate o	f Status Desire	ed 🗆		.75 Addit Required	ional
	6. Name ar	nd Address of Current	Registere	ed Agent		Name		7. Name and A	ddress of Ne	w Registered	Age	nt	
LUDIN, ERIC 5720 CENTRAL AVENUE							et Address (P.O. Box Number is Not Acceptable)						
ST. PETERSBURG FL 33707											—		
						City				FL		Zip Code	
8. The above	named entity s	ubmits this statement for	r the purp	ose of changing i	ts register	ed office o	r register	ed agent, or both	, in the State of				
SIGNATURE.	Signature typed or r	trinted name of registered agent a	and title if ann	nicable		,				DATE]
9. Capital Contributions as Shown on record. \$800,000.00 10. Amount of Capital in FLORIDA to date.						butions {	85.000.00 11. MAKE CHECK PAYABLE TO DEPT. OF STA						
	A GE	NERAL PARTNER T	HAT IS	A BUSINESS E	NTITY M	IUST BE	REGIST	TERED AND AC	TIVE WITH	THIS OFFICE	E.		
12.		GENERAL PARTNER			13.	i, air airie	, idilien	t must be med		CHANGES ON		· .	
DOCUMENT # NAME	AFFORDABL		EET ADDRESS	1750	TO S. MERCACH CO. SUITE 30/A								
STREET ADDRESS CITY-ST-ZIP	BLOOMFIELD HILLS MI 98302				CITY	-ST-ZIP	BLO	BLOOMFIELD HILLS MI 48362					
DOCUMENT # NAME					STRE	EET ADDRESS		,					
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STREET ADDRESS CITY-ST-EP					CITY	-ST-ZIP	·	·					,
indicated	on this report is	formation supplied with the true and accurate and to powered to execute this	nat my sig	gnature shall have	the same	ettedal etted	ct as it ma	otion 119.07(3)(i), ade under oath; t	Florida Statut nat I am a Ger	es. I further cert neral Partner of	ify th	nat the info imited part	rmation nership or

SIGNATURE:

tes Date Daytime Phone #