

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # B97000000045 1. Entity Name WINDSONG MOBILE VILLAGE LIMITED PARTNERSHIP					
Principal Place of Business 1750 S. TELEGRAPH RD., SUITE 301A BLOOMFIELD HILLS, MI 98302			Mailing Address 1750 S. TELEGRAPH RD., SUITE 301A BLOOMFIELD HILLS, MI 98302		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03012005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 65-0706532	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$800,000.00		10. Amount of Capital Contributions in FLORIDA to date. 685,000.00			
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			STREET ADDRESS	
NAME	AFFORDABLE LIVING, INC. MHP			CITY-ST-ZIP	
STREET ADDRESS	1750 S TELEGRAPH RD., SUITE 301A			03/23/05-80047-004 526.25	
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48302				
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NAME				CITY-ST-ZIP	
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STREET ADDRESS					
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE