2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # B9700000045 08 JAN 15 PM 3: 13 1. Entity Name WINDSONG MOBILE VILLAGE LIMITED PARTNERSHIP SECRETARY OF STATE FALLAHASSEE FLORIDA Principal Place of Business Mailing Address 1750 S. TELEGRAPH RD., SUITE 301A 1750 S. TELEGRAPH RD., SUITE 301A BLOOMFIELD HILLS, MI 98302 BLOOMFIELD HILLS, MI 98302 ce of Business - No P.O. Box # Mailing Address 01032008 Chg-LP CR2E003 (12/06) 4. FEI Number Applied For 65-0706532 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required of Current Registered Agent 7. Name and Address of New Registered Agent Name LUDIN, ERIC 13577 FEATHER SOUND DRIVE (#300) Street Address (P.O. Box Number is Not Acceptable) CLEARWATER, FL 33762 Zip Code FL 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, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY 13. F97000000380 DOCUMENT # STREET ADDRESS AFFORDABLE LIVING, INC. MHP NAME STREET ADDRESS 1750 S TELEGRAPH RD., SUITE 301A CITY-ST-ZIP CITY-ST-ZIP BLOOMFIELD HILLS, MI 48302 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-SE-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY - S1 - ZIP CITY-S1-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 reports a required by Chapter 620, Florida Statutes.

HED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
TOOLD KOSENZWEIG

SIGNATURE: