

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 FEB 18 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0017883
AT

DOCUMENT # B97000000058

1. Entity Name

DCOTA DEVELOPMENT COMPANY, LIMITED PARTNERSHIP

Principal Place of Business

1700 STUTZ DR., #25
TROY MI 48064

Mailing Address

1700 STUTZ DR., #25
TROY MI 48064

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

38-3324200

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

~~DANTO, MARVIN I~~
~~1855 GRIFFIN RD. #A282~~
~~DANIA FL 33084~~

Name
Registered Agents of Florida, LLC
Street Address (P.O. Box Number is Not Acceptable)
100 SE 2nd Street, Suite 3500
City Miami FL Zip Code 33131

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

Charles J. Rennert, VP 2-14-02

DATE

9. Capital Contributions
as Shown on record.

\$7,842,660.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # F97000000544
NAME DCOTA GENERAL, INC.
STREET ADDRESS 1700 STUTZ DRIVE, NO. 25
CITY-ST-ZIP TROY MI 48084

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JAMES DANTO 1/25/02 248-649-4770

Date

Daytime Phone #

CR2E003 (9/01)