

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 FEB 24 PM 4:02

1. Name of Limited Partnership

1a. DOCUMENT #
B97000000435

PDCA/FLORIDA OFFICE LIMITED PARTNERSHIP



Mailing Address

FISHER BUILDING, 27TH FLOOR
DETROIT MI 48202

Principal Office Address

FISHER BUILDING, 27TH FLOOR
DETROIT MI 48202

3. Date Formed or Registered

08/22/1997

5a. Capital Contributions as
Shown on record.

\$900.00

3a. Date of Last Report

5b. Amount of Capital
Contributions in FLORIDA
to date:

2. Mailing Address

3011 W. GRAND BLVD

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
2405

City & State

DETROIT M

City & State

Zip Country

48202

Zip Country

4. State or Country of Formation

MI

6. FEI Number

65-0776424

☐ Applied For
☒ Not Applicable

7. Certificate of Status Desired

\$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

CHASEN, DONALD
3501 SOUTHWEST CORPORATE PARKWAY
PALM CITY FL 34990

10. If changed, new Registered Agent/Office

Name

4000002447654--7

Street Address (P.O. Box Number is Not Accepted) 03/05/98--01007--015

Suite, Apt. #, etc.

****141.25 ****141.25

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

PETER D. CUMMINGS & ASSOCIAT

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

3501 SOUTHWEST CORP

11b. City, State & Zip Code

PALM CITY FL 34990

11c. Registration/
Document Number

S63330

Pl
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Peter D. Cummings

DATE FEB 20, 1998

Typed or Printed Name of General Partner Signing Form

PETER D. CUMMINGS

Daytime Telephone Number

313-874-4000

CR2E003 (12/97)