

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



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

FILED

98 OCT 29 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #  
B97000000435

PDCA/FLORIDA OFFICE LIMITED PARTNERSHIP

Mailing Address

Principal Office Address

3011 W. GRAND BLVD., SUITE 2405  
DETROIT MI 48202

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

02/24/1998

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

4. State or Country of Formation

MI

2. Mailing Address

3501 SW Corporate Parkway

Suite, Apt. #, etc.

City & State

Palm City, FL

Zip

34990

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

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)

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

11b. City, State & Zip Code

11c. Registration/  
Document Number

PETER D. CUMMINGS & ASSOCIAT

3501 SOUTHWEST CORPORA

PALM CITY FL 34990

S63330

900002679209--4  
-11/03/98--01053--009

\*\*\*\*141.25 \*\*\*\*141.25

AL

OCT 30 1998

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.

Peter D. Cummings & Associates, Inc.

SIGNATURE by:

its: PRESIDENT

DONALD L. CHASEN

DATE 10/14/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number (561) 288-0788

CR2E003 (8/98)