

2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # B97000000667**

1. Entity Name  
**SPEER MOBILE HOME PARK LIMITED PARTNERSHIP**



Principal Place of Business  
**2555 MONTCLAIRE CIRCLE  
WESTON, FL 33327**

Mailing Address  
**3000 TOWN CENTER, SUITE 540  
SOUTHFIELD, MI 48075**



01032008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0793898**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**GROSS, DAVID  
2555 MONTCLAIRE CIRCLE  
WESTON, FL 33327**

**DO NOT WRITE  
IN THIS SPACE**

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

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.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**GROSS, DAVID  
2555 MONTCLAIRE CIRCLE  
WESTON, FL 33327**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**WEISS, RONALD K  
2555 MONTCLAIRE CIRCLE  
WESTON, FL 33327**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000775316  
01/08/08-80024-015 500.00

**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing 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 report as required by Chapter 620, Florida Statutes

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-1-4-08

Date

7-(248)352-4544

Daytime Phone #

STAPLE CHECK HERE