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2001	UNIFORM	BUSINESS	REPORT	(UBR)

DOCUMENT # B9800000312 1. Entity Name								
CALI-COVINGTON ESTATES LIMITED PARTNERSHIP				FILED	•			
Principal Place of Business Mailing Address ATTN: RICHARD M. NODEL ATTN: RICHARD M. NODEL					01 APR -9 PN 12: 02			
3000 TOWN CENTER. SUITE 540 SOUTHFIELD MI 48075 SOUTHFIELD MI 48075					SECRETARY OF STATE TALLAHASSEE ELORIDA			
2. Principal Place of Business AHN: IAN KANK Suite, Apt. #, etc. Suite, Apt. #, etc.				. I INTINI IND INDI INDI INDI NAME AND	JI (891			
2701 Cambridge Ct., Suik 200 2701 Cambridge Ct., Suik 200 City & State					4. FEI Number Applied	d For		
Auburn Hills, MI Auburn Hills,			M/ Country		38-3411116 Not Ap	plicable		
48:	326 USA	48326	USA	4	5. Certificate of Status Desired	al		
-3	6. Name and Address of Current R	legistered Agent	Name	R-5.c	7. Name and Address of New Registered Agent			
RITCH, JOHN B ESQ Street, Addies					ess (P.Q. Box Number is Not Acceptable)			
	ich street e FL 34741		11)/0	106 E. College Ave, #1200				
City -				illak	Zin Code	·		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registred Agent Lignature required when reinstating) DAY								
9. Capital Contributions as Shown on record. 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			
NAME	CALI CORP COVINGTON ESTATES			2701 Cambridge Court, Suik 200				
CITY-ST-ZIP	SOUTHFIELD MI 48075		CITY-ST-ZIP	Hub	ourn Hills, MI 48326			
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14. I hereby certify that the imprimation 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 triat 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 repuired by Chapter 620, Florida Statutes								
SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING GENERAL PARTNER Date Daysime Phone •								