

2002 UNIFORM BUSINESS REPORT (UBR)

0017941 AT

DOCUMENT # B98000000312

1. Entity Name

CALI-COVINGTON ESTATES LIMITED PARTNERSHIP

FILED

02 FEB 18 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

ATTN: IAN FRANK
2701 CAMBRIDGE CT., STE. 200
AUBURN HILLS MI 48326

Mailing Address

ATTN: IAN FRANK
2701 CAMBRIDGE CT., STE. 200
AUBURN HILLS MI 48326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

DUE BY MAY 1, 2002

4. FEI Number

38-3411116

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

LEE, RICHARD P ESQ
KUTZ, KUTTER, HAIGLER
106 E. COLLEGE AVE., #1200
TALLAHASSEE FL 32301

Name

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

City

FL

Zip 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.

DATE

9. Capital Contributions
as Shown on record.

\$300.00

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 # F98000002845
NAME CALI CORP. - COVINGTON ESTATES
STREET ADDRESS 2701 CAMBRIDGE CT., STE. 200
CITY-ST-ZIP AUBURN HILLS MI 48326

STREET ADDRESS

CITY-ST-ZIP

500005022255--8

-02/26/02-01086-014

****141.25 ****141.25

DOCUMENT #
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STEVEN P. ADLER

2/11/02

Date

248.364.5000

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE