
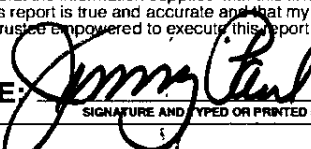


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B98000000312					
1. Entity Name CALI-COVINGTON ESTATES LIMITED PARTNERSHIP					
Principal Place of Business ATTN: TAX DEPT. 2701 CAMBRIDGE CT., STE. 300 AUBURN HILLS, MI 48326			Mailing Address ATTN: TAX DEPT. 2701 CAMBRIDGE CT., STE. 300 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	5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$300.00			10. Amount of Capital Contributions in FLORIDA to date.		
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		STREET ADDRESS		
NAME	CALI CORP. - COVINGTON ESTATES		CITY-ST-ZIP		
STREET ADDRESS	2701 CAMBRIDGE CT., STE. 300				
CITY-ST-ZIP	AUBURN HILLS, MI 48236				
DOCUMENT #			STREET ADDRESS		
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Jimmy Paul 1/1/04 348-3407153		



01062004 Chg-LP CR2E003 (10/03)

4. FEI Number **38-3411116** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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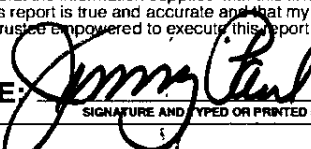
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01/21/04--01010--013 **141.25

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SIGNATURE:  Jimmy Paul 1/1/04 348-3407153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE