### 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

SIGNATURE:

SIGNATURE AND TYPE

D OR PRINTED NAME OF SIGNING GENERAL PARTNER

#### FILED DOCUMENT # B98000000312 2007 APR 30 AM 11: 17 1. Entity Name CALI-COVINGTON ESTATES LIMITED PARTNERSHIP SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address ATTN: TAX DEPT. ATTN: TAX DEPT. 2701 CAMBRIDGE CT., STE. 300 2701 CAMBRIDGE CT., STE. 300 AUBURN HILLS, MI 48326 AUBURN HILLS, MI 48326 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182007 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For 38-3411116 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEE, RICHARD P ESQ KUTZ, KUTTER, HAIGLER Street Address (P.O. Box Number is Not Acceptable) 106 E. COLLEGE AVE., #1200 TALLAHASSEE, FL 32301 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY F98000002845 DOCUMENT # STREET ADDRESS NAME CALI CORP. - COVINGTON ESTATES 2701 CAMBRIDGE CT., STE. 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AUBURN HILLS, MI 48236 DOCUMENT # --01049--020 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 general is required by Chapter 620, Florida Statutes

Timmy Paul

# **CALI CORP – COVINGTON ESTATES**

# **BOARD OF DIRECTORS**

Phyllis A. Knight

## **OFFICERS**

Name <u>Title</u>

Vacant President & Secretary

Laurie VanRaemdonck Treasurer

Jimmy Paul Assistant Treasurer

### **ADDRESS**

The address for all of the above individuals is:

2701 Cambridge Court, Suite 300 Auburn Hills, MI 48326