2001 UNIFORM BUSINESS REPORT (UBR)

0018883 AF

DOCUMENT # B98000000313

1. Entity Name

COVINGTON ESTATES LIMITED PARTNERSHIP

FILED
01 APR -9 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
ATTN: RICHARD M. NODEL 3000 TOWN CENTER. SUITE 540 SOUTHFIELD MI 48075	ATTN: RICHARD M. NODEL 3000 TOWN CENTER. SUITE 540 SOUTHFIELD MI 48075

2. Principal Place of Business	3. Mailing Address
Attn: IAN FRANK	Attn: IAN FRANK
Suite, Apt. #, etc.: 2701 Cambridge Ct, Suite 200	Suite, Apt. #, etc.: 2701 Cambridge Ct., Suite 200
City & State: Auburn Hills, MI	City & State: Auburn Hills, MI
Zip: 48326 Country: USA	Zip: 48326 Country: USA

4. FEI Number: 38-3411119 ☐ 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
RITCH, JOHN B ESQ 100 CHURCH STREET KISSIMMEE FL 34741	Name: Richard P. Lee, Esq. Street Address (P.O. Box Number is Not Acceptable): Katz, Kutter, Haigler 106 E. College Ave., #1200 City: Tallahassee FL Zip Code: 32301

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: Richard P. Lee DATE: 2/7/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
$1,400,000.00		

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	B98000000312	STREET ADDRESS	2701 Cambridge Court, #200
NAME	CALI-COVINGTON ESTATES LIMITED PARTNERSHIP	CITY-ST-ZIP	Auburn Hills, MI 48326
STREET ADDRESS	3000 TOWN CENTER, SUITE 540		
CITY-ST-ZIP	SOUTHFIELD MI 48075		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	300004034089--6
STREET ADDRESS			-04/20/01--01004--009
CITY-ST-ZIP			****667.50 ****526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	$526.25
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/00)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #