

2002 UNIFORM BUSINESS REPORT (UBR)

0017942 AT

DOCUMENT # B98000000313

1. Entity Name

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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

WJH

DUE BY MAY 1, 2002

4. FEI Number 38-3411119	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,400,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY-ST-ZIP	B98000000312 CALI-COVINGTON ESTATES LIMITED PARTNERSHIP 2701 CAMBRIDGE CT. #200 AUBURN HILLS MI 48326	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
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		CITY-ST-ZIP	

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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: Steven P. Adler Date: 2/11/02 Daytime Phone #: 248.364.5000

CR2E003 (9/01)