

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

<b>DOCUMENT # B98000000313</b> 1. Entity Name <b>COVINGTON ESTATES LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>ATTN: TAX DEPT 2701 CAMBRIDGE CT., STE. 300 AUBURN HILLS, MI 48326</b>	Mailing Address <b>ATTN: TAX DEPT 2701 CAMBRIDGE CT., STE. 300 AUBURN HILLS, MI 48326</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

01062004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**38-3411119**

Applied For
Not Applicable

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

<b>6. Name and Address of Current Registered Agent</b> <b>LEE, RICHARD P ESQ KATZ, KUTTER, HAIGLER 106 E. COLLEGE AVE., #1200 TALLAHASSEE, FL 32301</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. <b>\$1,400,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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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 charged 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	<b>B98000000312 CALI-COVINGTON ESTATES LIMITED PARTNERSHIP 2701 CAMBRIDGE CT. #300 AUBURN HILLS, MI 48326</b>	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>500027311025 01/21/04-01010-010 **526.25</b>
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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:**  **Jimmy Paul** **1/7/04** **248-340-7723**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

FILED  
04 JAN 21 AM 10:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

