

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # B98000000313					
1. Entity Name 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		Country		01062005 Chg-LP CR2E003 (10/03)	
4. FEI Number 38-3411119				Applied For <input type="checkbox"/> 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. 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. \$1,400,000.00			10. Amount of Capital Contributions in FLORIDA to date. 1,400,000.		
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		
NAME	CALI-COVINGTON ESTATES LIMITED PARTNERSHIP		CITY ST ZIP		
STREET ADDRESS	2701 CAMBRIDGE CT. #300		CITY ST ZIP		
CITY ST ZIP	AUBURN HILLS, MI 48326		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: <i>Jimmy Paul</i>			Jimmy Paul 1/6/05 248-340-9053		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE DAY/LET PHONE #</small>					



01062005 Chg-LP CR2E003 (10/03)

4. FEI Number
 38-3411119

5. Certificate of Status Desired ☐ **\$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
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 STREET ADDRESS 2701 CAMBRIDGE CT. #300
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SIGNATURE: *Jimmy Paul* Jimmy Paul 1/6/05 248-340-9053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE DAY/LET PHONE #

STAPLE CHECK HERE