2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # B98000000313

1. Entity Name
COVINGTON ESTATES LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
ATTN: TAX DEPT 2701 CAMBRIDGE CT., STE. 300 AUBURN HILLS, MI 48326	ATTN: TAX DEPT 2701 CAMBRIDGE CT., STE. 300 AUBURN HILLS, MI 48326

01062006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

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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.

FILE NOW!!! FEE IS $500.00
After May 1, 2006, 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.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	B98000000312
NAME	CALI-COVINGTON ESTATES LIMITED PARTNERSHIP
STREET ADDRESS	2701 CAMBRIDGE CT. #300
CITY-ST-ZIP	AUBURN HILLS, MI 48326
DOCUMENT #	
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05/02/06-80016-020 500.00

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14. I hereby certify that the information supplied with this filing 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 report as required by Chapter 620, Florida Statutes.

SIGNATURE: Jimmy Paul Jimmy Paul 1/9/06 248-340-7753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

Chief Manager for Cali