


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # B98000000313 1. Entity Name COVINGTON ESTATES LIMITED PARTNERSHIP	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 APR 15 PM 12:25

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
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2. Principal Place of Business - No P.O. Box # 755 W Big Beaver Rd Suite, Apt. #, etc. 1000 City & State Troy MI Zip 48084 Country USA	3. Mailing Address 755 W Big Beaver Rd Suite, Apt. #, etc. 1000 City & State Troy MI Zip 48084 Country USA
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01152008 Chg-LP CR2E003 (12/06)

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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>

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 _____
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FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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	13. ADDRESS CHANGES ONLY
DOCUMENT # B98000000312 NAME CALI-COVINGTON ESTATES LIMITED PARTNERSHIP STREET ADDRESS 2701 CAMBRIDGE CT. #300 CITY-ST-ZIP AUBURN HILLS, MI 48326	STREET ADDRESS 755 W Big Beaver Rd #1000 CITY-ST-ZIP Troy MI 48084
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS 500123499865 04/15/08--01009--022 **500.00 CITY-ST-ZIP
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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 11/15/08 248-614-8250
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