

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018870 AB

DOCUMENT # B98000000313

1. Entity Name
COVINGTON ESTATES LIMITED PARTNERSHIP



FILED

03 APR 22 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
ATTN: IAN FRANK *Tax Dept*
2701 CAMBRIDGE CT., STE. 200 300
AUBURN HILLS MI 48326

Mailing Address
ATTN: IAN FRANK *Tax Dept*
2701 CAMBRIDGE CT., STE. 200 #1300
AUBURN HILLS MI 48326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
#300

Suite, Apt. #, etc.
#300

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 38-3411119

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

DATE

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 FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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. #200
CITY-ST-ZIP AUBURN HILLS MI 48326

STREET ADDRESS

2701 Cambridge Ct #300

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/19/03

Date

248-340-7753

Daytime Phone #

CR2E003 (10/02)