

2001 UNIFORM BUSINESS REPORT (UBR)

0018381 AF

DOCUMENT # B99000000099

1. Entity Name

HIBISCUS MOBILE HOME PARK LIMITED PARTNERSHIP

Principal Place of Business

3000 TOWN CENTER, SUITE 540
SOUTHFIELD MI 48075

Mailing Address

3000 TOWN CENTER, SUITE 540
SOUTHFIELD MI 48075

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

38-3450582

APPLIED FOR

Applied For

Not Applicable

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

KASS, MICHAEL

1505 NORTH FLORIDA AVENUE
TAMPA FL 33602

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$635,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 # M99000000281
NAME WEISS NODEL, L.L.C.
STREET ADDRESS 3000 TOWN CENTER, SUITE 540
CITY-ST-ZIP SOUTHFIELD MI 48075

STREET ADDRESS 200004421012--6
CITY-ST-ZIP -06/14/01--01120--019
****526.25 ****526.25

DOCUMENT #
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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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-20-01 248-352-4544

Date

Daytime Phone #

CR2E003 (11/00)

FILED

01 MAY 17 AM 11:26

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE