

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # P12216

1. Entity Name
ZEIDLER PARTNERSHIP, INC.



Principal Place of Business

**850 STEPHENSON HWY
STE 324
TROY, MI 48083 US**

Mailing Address

**850 STEPHENSON HWY
STE 324
TROY, MI 48083 US**



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-2021008

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000527938
05/05/06-80016-014 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ZEIDLER, EBERHARD H.
STREET ADDRESS	850 STEPHSON HWY STE 324
CITY-ST-ZIP	TROY, MI 48083
TITLE	TD
NAME	MUNN, ALAN
STREET ADDRESS	850 STEPHENSON HWY STE 324
CITY-ST-ZIP	TROY, MI 48083
TITLE	V
NAME	NELSON, MICHAEL
STREET ADDRESS	105 S NARCISSUS AVE STE 310
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	SD
NAME	EL-KHATIB, TAREK
STREET ADDRESS	850 STEPHENSON HIGHWAY SUITE 324
CITY-ST-ZIP	TROY, MI 48083
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 3/06

416-596-8300

Date

Daytime Phone #