2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P12216

1. Entity Name
ZEIDLER PARTNERSHIP, INC.

Principal Place of Business	Mailing Address
1800 BIG BEAVER RD STE 100 TROY, MI 48084 US	1800 BIG BEAVER RD STE 100 TROY, MI 48084 US

02082008 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

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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 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000873975
04/10/08-80038-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ZEIDLER, EBERHARD H.
STREET ADDRESS	1800 W BIG BEAVER RD STE 100
CITY-ST-ZIP	TROY, MI 48084
TITLE	TD
NAME	MUNN, ALAN
STREET ADDRESS	1800 W BIG BEAVER RD STE 100
CITY-ST-ZIP	TROY, MI 48084
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	1800 W BIG BEAVER RD STE 100
CITY-ST-ZIP	TROY, MI 48084
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: _____ ALAN MUNN, TREASURER MARCH 25 2008 4165968300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #