

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S68859

FILED  
Jan 09, 2012  
Secretary of State

**Entity Name:** SOUTHGATE GARDENS VALUE APARTMENTS, INC.

**Current Principal Place of Business:**

7011 ORCHARD LAKE ROAD  
SUITE 100, ATTN LESLIE A. SHAPIRO  
WEST BLOOMFIELD, MI 48322

**New Principal Place of Business:**

**Current Mailing Address:**

7011 ORCHARD LAKE ROAD  
SUITE 100, ATTN LESLIE A. SHAPIRO  
WEST BLOOMFIELD, MI 48322

**New Mailing Address:**

**FEI Number:** 65-0279998

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KUPFER, PAUL ESQ.  
5541 UNIVERSITY DRIVE, #103  
CORAL SPRINGS, FL 33067 US

**Name and Address of New Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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: THOMAS D. LUCZAK

01/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WEISBERG, ALVIN  
Address: 7011 ORCHARD LAKE ROAD, STE 100  
City-St-Zip: WEST BLOOMFIELD, MI 48322

Title: TD  
Name: WEISBERG, STEVEN R  
Address: 7011 ORCHARD LAKE ROAD, STE 100  
City-St-Zip: WEST BLOOMFIELD, MI 48322

Title: AS  
Name: LUCZAK, THOMAS D  
Address: 350 S MAIN, SUITE 400  
City-St-Zip: ANN ARBOR, MI 48104

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS D. LUCZAK

AS

01/09/2012

Electronic Signature of Signing Officer or Director

Date