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**Jan 30 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P25803 (8)

1. Corporation Name
DAHLMANN APARTMENTS LTD., CORPORATION



Principal Place of Business: **300 SOUTH THAYER STREET ANN ARBOR MI 48104**
Mailing Address: **300 SOUTH THAYER STREET ANN ARBOR MI 48104-1608**

3. Date Incorporated or Qualified: **08/29/1989**
3a. Date of Last Report: **02/02/1996**

| | | | | | | | |
|--------------------------------|--|---------------------|--|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | 38-1944866 | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 | | 27 | | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State | | City & State | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 23 | | 28 | | 29 | | 30 | |
| Zip | | Country | | Zip | | Country | |
| 24 | | 25 | | 29 | | 30 | |

9. Name and Address of Current Registered Agent
**DAHLMANN, DENNIS A.
2959 WEST GULF DRIVE, UNITE 302
SANIBEL FL 33957**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|---|
| TITLE | PSD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAHLMANN, DENNIS A. | 1.2 NAME | |
| STREET ADDRESS | 2959 WEST GULF DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SANIBEL FL | 1.4 CITY-ST-ZIP | |
| TITLE | V | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZARNOWITZ, STEVEN | 2.2 NAME | |
| STREET ADDRESS | 10620 MACON ROAD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SALINE MI | 2.4 CITY-ST-ZIP | |
| TITLE | T | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILNE, SUSAN G. | 3.2 NAME | |
| STREET ADDRESS | 1705 MORTON | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ANN ARBOR MI | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAHLMANN, NEIL O. | 4.2 NAME | |
| STREET ADDRESS | 300-D PARK AVENUE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | HIGHLAND PARK IL | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Steven Zarnowitz* 1/8/96 313-761-7600
DATE: _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)