FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



BELLEGATE ASSOCIATES, A MICHIGAN LIMITED

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # A16269

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC -7 AM 8: 37

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PARTNERSHIP								
Mailing Address C/O SANBREEN COMPANY 1000 S. OLD WOODWARD AVE SUITE 201 BIRMINGHAM MI 48009	Principal Office Address C/O SANBREEN COMPANY 1000 S. OLD WOODWARD AVE SUITE 201 BIRMINGHAM MI 48009			3. Date Formed or Registered 01/24/1984 3a. Date of Last Report 12/26/1997	5a. Capital Contributions as Shown on record. \$6,975.00 5b. Amount of Capital Contributions in FLORIDA			
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation	to da	to date:		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number	### \$6,975.00 ### \$6,975.00			
City & State	City & State			7. Certificate of Status Desired				
Zip Country	Zip Country			Certificate of Status Desired \$8.75 Additional Fee Required R. Make check payable to: Dept. of State (See reverse side for fee information)			1)	
9. Name and Address of Curren	t Registered Agent		······································	10. If changed, new Registered	Agent/Office		7	
		Name						
SAVIN, JOSEPH 3316 GRIFFIN RD	Street Ar		ss (P.O. Bo)	.O. Box Number Is Not Acceptable)				
FT LAUDERDALE FL 33312		Suite, Apt. #, etc.					\dashv	
		City			FL	Zip Code	-	
10a. Pursuant to the provisions of sections 620.1051 an for the purpose of changing its registered office or a agent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUS	registered agent, or both, in the State of Florid of section 620.192, Florida Statutes.	da. Such chang	e was author	DATE_ NERSHIP OR OTHE	accept the a	pointment of registered		
11. Name(s) of General Partner(s)	Address of Each Genera 11a. (Do NOT Use Post Office Bo	Partner x Numbe <u>rs</u>)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	<u> </u>	
BROWN, EMERY	1000 S. OLD WOODWARD		BRIMINGHAM MI 48009				CR2E003 (8/98)	
RIVKIN, BERNARD	1000 S. OLD WOODWARD		BRIM	INGHAM MI 48009			2E00	
SAVIN, JOSEPH	1000 S. OLD WOODWARD		BRIM	ingham mi 48009			2	
•				700002 7 -12/09/ ****15	'3301	1077 106025 ****150.00		
Notè: General partners MAY NOT	be changed on this form	; an ame	ndmen	t must be filed to cha	nge a g	eneral partner.	1	
12. I do hereby certify that the information supplied with the Corporations from any ilability of non-compliance with this annual report is true and accurate and that my sign empowered to execute this report as required by chap.	is filing is voluntarily furnished and does not Section 119.07(3)(k) in the event that the info nature shall have the same legal effects as if	qualify for the ex ormation supplie	xemption sta	ted in Section 119.07(3)(k), Florida St I exempt from public access. I further	atutes. I relea: certify that the	se the Division of Information Indicated on		
SIGNATURE ASSAULT	d Kuiller	<u>`</u>	· ·	DATE	11/30/			
Typed or Printed Name of General Partner Signing Form	BERNARD RIVKIN			_ Daytime Telephone Number_24	8-647-	3255		