

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # A16269

1. Entity Name
BELLEAGATE ASSOCIATES, A MICHIGAN LIMITED PARTNERSHIP



Principal Place of Business
**C/O SANBREEN COMPANY
1000 S. OLD WOODWARD AVE., SUITE 201
BIRMINGHAM, MI 48009**

Mailing Address
**C/O SANBREEN COMPANY
1000 S. OLD WOODWARD AVE., SUITE 201
BIRMINGHAM, MI 48009**



01222007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-2512426

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RIVKIN, BERNARD
5940 SW 19TH STREET
PLANTATION, FL 33317**

**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.

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #	
NAME	BROWN, EMERY
STREET ADDRESS	1000 S. OLD WOODWARD
CITY-ST-ZIP	BRIMINGHAM, MI 48009
DOCUMENT #	
NAME	RIVKIN, BERNARD
STREET ADDRESS	1000 S. OLD WOODWARD
CITY-ST-ZIP	BRIMINGHAM, MI 48009
DOCUMENT #	
NAME	SAVIN, JOSEPH
STREET ADDRESS	1000 S. OLD WOODWARD
CITY-ST-ZIP	BRIMINGHAM, MI 48009
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/07-80061-011 508.75

**DO NOT WRITE
IN THIS SPACE**

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE