


**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED

96 DEC 30 PM 2:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA



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| LIMITED PARTNERSHIP ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS | |
| 1. Name of Limited Partnership GEORGIAN BAY EAST ASSOCIATES LIMITED PARTNERSHIP | | 1a. DOCUMENT # A29432 | |
| Mailing Address 20500 CIVIC CENTER, SUITE 3000 SOUTHFIELD MI 48076 | | Principal Office Address 20500 CIVIC CENTER, SUITE 3000 SOUTHFIELD MI 48076 | |
| 2. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country | |
| 3. Date Formed or Registered 12/28/1989 | | 5a. Capital Contributions as Shown on record. \$3,000,000.00 | |
| 3a. Date of Last Report 12/28/1995 | | 5b. Amount of Capital Contributions in FLORIDA to date: | |
| 4. State or Country of Formation MI | | 6. FBI Number 38-2902771 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 8. Make check payable to: Dept. of State (See reverse side for fee information) | |

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| 9. Name and Address of Current Registered Agent SCHMIER, JEFFREY L BOCA CORPORATE CENTER 7777 GLADES ROAD, SUITE 201 BOCA RATON FL 33433 | | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code | |
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

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| 11. Name(s) of General Partner(s) GBE ASSOCIATES LIMITED PARTN | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 20500 CIVIC CENTER DR | 11b. City, State & Zip Code SOUTHFIELD MI 48076 | 11c. Registry/Document Number B9300000139 |
|--|---|---|---|

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KWM

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 200, Florida Statutes.

SIGNATURE *[Signature]* DATE 10/12/96

CR2E003 (6/96)