

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 13 AM 10:12



1. Name of Limited Partnership

1a. DOCUMENT #
A29432

GEORGIAN BAY EAST ASSOCIATES LIMITED PARTNERSHIP

Mailing Address

20500 CIVIC CENTER, SUITE 3000
SOUTHFIELD MI 48076

Principal Office Address

20500 CIVIC CENTER, SUITE 3000
SOUTHFIELD MI 48076

3. Date Formed or Registered

12/28/1989

5a. Capital Contributions as Shown on record

\$3,000,000.00

3a. Date of Last Report

12/30/1996

5b. Amount of Capital Contributions in FLORIDA to date

4. State or Country of Formation

MI

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

38-2902771

Applied For
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

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

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.

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. Registration/Document Number

B93000000139

500002350395-8
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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 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CP2E003 (6/97)