

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A29432**

1. Entity Name

GEORGIAN BAY EAST ASSOCIATES LIMITED PARTNERSHIP

FILED

00 MAY -4 PM 4: 20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 20500 CIVIC CENTER, SUITE 3000 SOUTHFIELD MI 48076	Mailing Address 20500 CIVIC CENTER, SUITE 3000 SOUTHFIELD MI 48076-4108
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 38-2902771	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SCHMIER, JEFFREY L
BOCA CORPORATE CENTER
7777 GLADES ROAD, SUITE 201
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

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.

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Capital Contributions as Shown on record. **\$3,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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.**

GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # B93000000139	STREET ADDRESS GBE ASSOCIATES LIMITED PARTNERSHIP 20500 CIVIC CENTER DRIVE, SUITE 3000 SOUTHFIELD MI 48076	CITY - ST - ZIP	700003293167--0
DOCUMENT #	STREET ADDRESS	CITY - ST - ZIP	-06/16/00--01007--001
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14. I 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 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/00
Date

248-932-2700 x141
Daytime Phone #

CR21:0013 (9/9/98)