


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
Apr 13, 2004 08:00 AM
Secretary of State**

DOCUMENT # A29432					
1. Entity Name GEORGIAN BAY EAST ASSOCIATES LIMITED PARTNERSHIP					
Principal Place of Business 4230 ORCHARD LAKE ROAD ORCHARD LAKE, MI 48323			Mailing Address 4230 ORCHARD LAKE ROAD ORCHARD LAKE, MI 48323		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 38-2902771	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHMIER, JEFFREY L BOCA CORPORATE CENTER 7777 GLADES ROAD, SUITE 201 BOCA RATON, FL 33433			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$3,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	B93000000139		STREET ADDRESS		
NAME	GBE ASSOCIATES LIMITED PARTNERSHIP		CITY-ST-ZIP		
STREET ADDRESS	20500 CIVIC CENTER DRIVE, SUITE 3000		STREET ADDRESS	000000119023	
CITY-ST-ZIP	SOUTHFIELD, MI 48076		CITY-ST-ZIP	04/20/04-80004-004 526.25	
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CITY-ST-ZIP			CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:		<i>Matthew B Lester</i> MATTHEW B LESTER		4/10/04 248-683-2500	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>		<small>Daytime Phone #</small>	

STAPLE CHECK HERE

