2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED **DOCUMENT # B95000000415** 1. Entity Name 2005 APR 18 PH 1: 17 MEADOWLEA ESTATES LIMITED PARTNERSHIP SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 400 W. MAPLE, STE 250 BIRMINGHAM MI 48009 400 W. MAPLE, STE 250 BIRMINGHAM MI 48009 3. Mailing Address 2. Principal Place of Business 2) THE FRANKLIN RD 27777 FRANKLIN RO Suite, Apt. #, etc. Suite, Apt. #, etc. **1ST MOORE** CR2E003 (10/04) STE 200 STE 200 Applied For City & State 4. FÉI Number City & State 38-3254181 SOUTHFIELD, MI SOUTH FIELD MI Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required OAKLAND 48034 DAKLAND 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THURSTON, DALE Street Address (P.O. Box Number is Not Acceptable) 1004 OVERLOOK DRIVE **DELAND FL 32724** 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. 11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info. Signature, typed or printed name of registered agent and title if applicable DATE 10. Amount of Capital Contributions 9. Capital Contributions \$1,075,000.00 in FLORIDA to date as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. 13. DOCUMENT # STREET ADDRESS 27777 FRANKLIN RD, STE 200 BAYER, ROBERT B NAME STREET ADDRESS 400 W. MAPLE, STE 250 CITY-ST-ZIP SOUTHFIELD, MI 48034 CITY-ST-ZIP BIRMINGHAM MI 48009 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS 100054040991 MAME 05/09/05--01615--025 **526.25 STREET ADDRESS City-St-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCEMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CIT*-ST-7IP 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

Daniel J. Bayer 4/11/05 248-208-2530