

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR -3 AM 9:49

DOCUMENT #A00000000129	
1. Entity Name HASTINGS STREET LIMITED PARTNERSHIP	

Principal Place of Business 626 GULF SHORE BLVD., SOUTH NAPLES, FL 32301	Mailing Address P.O. BOX 893 BLOOMFIELD HILLS, MI 48303
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2. Principal Place of Business 21 E. Long Lake Rd. Suite, Apt. #, etc. STE. 100 City & State: Bloomfield Hills, MI Zip 48304	3. Mailing Address 21 E. Long Lake Rd. Suite, Apt. #, etc. STE. 100 City & State Bloomfield Hills, MI Zip 48304
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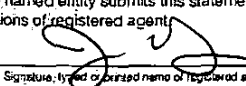


02162006	Chg-LP	CR2E003(11/05)
4. FEI Number 38-3518110	Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ARONOFF, JANET 626 GULF SHORE BLVD., SOUTH NAPLES, FL 32301	7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET City TALLAHASSEE FL Zip Code 32301
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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.

Jeanine Reynolds
as its agent

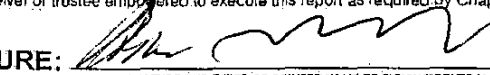
SIGNATURE:  DATE: **2-17-06**

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 #	P00000005325	STREET ADDRESS	21 E. Long Lake Rd., STE. 100
NAME	HASTINGS STREET, INC.	CITY-ST-ZIP	Bloomfield Hills, MI 48304
STREET ADDRESS	626 GULF SHORE BLVD., SOUTH		
CITY-ST-ZIP	NAPLES, FL 32301		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Daniel Aronoff** 2/10/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE