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	Mailing Address
626 GULF SHORE BLVD., SOUTH NAPLES, FL 32301	P.O. BOX 893 BLOOMFIELD HILLS, MI 48303

02162006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business	3. Mailing Address
21 E. Long Lake Rd.	~~21 E. Long Lake Rd.~~
Suite, Apt. #, etc.: STE. 100	Suite, Apt. #, etc.: STE. 100
City & State: Bloomfield Hills, MI	City & State: Bloomfield Hills, MI
Zip: 48304 Country:	Zip: 48304 Country:

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

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: [signature] Jeanine Reynolds as its agent DATE: 2-17-06
Signature, typed or printed name of registered agent and title if applicable.

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

STAPLE CHECK HERE

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: [signature] DANiel Aronoff 2/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #