2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED **DOCUMENT # A01000000229** 1. Entity Name 04 APR 30 PM 12: 27 **BIG BEAVER LIMITED PARTNERSHIP** SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 38500 WOODWARD AVE. 626 GULF SHORE BLVD., SOUTH NAPLES, FL 34102 BLOOMFIELD HILLS, MI 48304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02172004 Chg-LP CR2E003 (10/03) 54176 City & State City & State 4. FEI Number Applied For 59-3707244 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARONOFF, JANET Street Address (P.O. Box Number is Not Acceptable) 626 GULF SHORE BLVD., SOUTH NAPLES, FL 34102 Zip Code FL 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, typed or printed name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$100.00 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY DOCUMENT A P00000005325 STREET ADDRESS HASTINGS STREET INC. NAME STREET ADDRESS 626 GULF SHORE BLVD, SOUTH CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34102 DOCUMENT # STREET ADDRESS NAME 100036482831 STREET ADDRESS 05/14/04--01060--020 **141.25 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 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP щ STAPL DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP 14. If 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 HASTINGS STREET, INC. 248 642 0190 2-19.04 Pδ SIGNATURE: J. ARONOFF

Daytime Phone #

Date

GNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER