2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

DOCUMENT # A01000000229

1. Entity Name
BIG BEAVER LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
626 GULF SHORE BLVD., SOUTH NAPLES, FL 34102	38500 WOODWARD AVE., SUITE 310 BLOOMFIELD HILLS, MI 48304

01242006 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: 59-3707244 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARONOFF, JANET 626 GULF SHORE BLVD., SOUTH NAPLES, FL 34102	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 2-17-06
Signature, typed or printed name of registered agent and title if applicable. DATE

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.		
STREET ADDRESS	626 GULF SHORE BLVD. SOUTH		
CITY-ST-ZIP	NAPLES, FL 34102	CITY-ST-ZIP	Bloomfield Hills, MI 48304
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	900068091739 03/20/06 01013 001 **500.00
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	
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		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 #