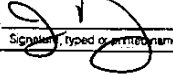
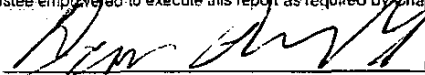


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR -3 AM 9:49

DOCUMENT # A03000001175			
1. Entity Name AGRIPARTNERS LIMITED PARTNERSHIP			
Principal Place of Business 800 SEAGATE DRIVE, SUITE 302 NAPLES, FL 34103		Mailing Address 38500 WOODWARD AVENUE, SUITE 310 BLOOMFIELD HILLS, MI 48304	
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	
		02172006 Chg-LP CR2E003 (11/05)	
		4. FEI Number 36-3787250	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARONOFF, JANET 800 SEAGATE DRIVE, SUITE 302 NAPLES, FL 34103		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  Jeanine Reynolds as its agent 2-17-06 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 # NAME STREET ADDRESS CITY - ST - ZIP	P00000005325 HASTINGS STREET INC. 626 GULF SHORE BLVD. SOUTH NAPLES, FL 34102	STREET ADDRESS CITY - ST - ZIP	21 E. Long Lake Rd., STE 100 Bloomfield Hills, MI 48304
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	800068091748 03/20/06--01013--002 **\$500.00
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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		2/20/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	

STAPLE CHECK HERE