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	Mailing Address
800 SEAGATE DRIVE, SUITE 302 NAPLES, FL 34103	38500 WOODWARD AVENUE, SUITE 310 BLOOMFIELD HILLS, MI 48304

02172006 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 36-3787250 ☐ 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 800 SEAGATE DRIVE, SUITE 302 NAPLES, FL 34103	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 — 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 34102	STREET ADDRESS CITY-ST-ZIP	21 E. Long Lake Rd., STE 100 Bloomfield Hills, MI 48304
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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: DANIEL ARONOFF 2/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #