FILED
Mar 14, 2006 08:00 AM
Secretary of State

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A04180

1. Entity Name
SANDALFOOT PLAZA ASSOCIATES LIMITED

Principal Place of Business	Mailing Address
31530 CONCORD DRIVE MADISON HEIGHTS, MI 48071	31530 CONCORD DRIVE MADISON HEIGHTS, MI 48071

DO NOT WRITE IN THIS SPACE

02162006 No Chg-LP CR2E003 (11/05)

4. FEI Number
62-0940827

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

MCRAE, MITCHELL T
THE ADDISON, SUITE 100
6274 LINTON BLVD., SUITE 100
DELRAY BEACH, FL 33484

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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 _____ DATE
Signature, typed or printed name of registered agent and the date adjacent thereto

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

DOCUMENT #	
NAME	FECKHEIMER, FRED J
STREET ADDRESS	31530 CONCORD DRIVE
CITY-ST-ZIP	MADISON HEIGHTS, MI 48071
DOCUMENT #	B93000000014
NAME	GORDON PROPERTIES
STREET ADDRESS	31530 CONCORD DRIVE
CITY-ST-ZIP	MADISON HEIGHTS, MI
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000467020
03/23/06 80033-018 500.00

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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: _____, Partner 2/17/06 248-203-0743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #