

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A10940	
1. Entity Name APPLEGATE PLAZA LTD.	

Principal Place of Business 1000 S. OLD WOODWARD AVE. SUITE 201 BIRMINGHAM MI 48009	Mailing Address 1000 S. OLD WOODWARD AVE. SUITE 201 BIRMINGHAM MI 48009
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number 38-2403817	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RIVKIN, BERNARD 5940 SW 19TH STREET PLANTATION FL 33317

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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
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9. Capital Contributions as Shown on record \$142,400.00	10. Amount of Capital Contributions in FLORIDA to date \$142,400.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
	BROWN, EMERY		
STREET ADDRESS	1000 S. OLD WOODWARD	CITY - ST - ZIP	
	BIRMINGHAM MI 48009		
DOCUMENT #	NAME	STREET ADDRESS	
	RIVKIN, BERNARD		
STREET ADDRESS	1000 S. OLD WOODWARD	CITY - ST - ZIP	
	BIRMINGHAM MI 48009		
DOCUMENT #	NAME	STREET ADDRESS	
	SAVIN, JOSEPH		
STREET ADDRESS	1000 S. OLD WOODWARD	CITY - ST - ZIP	
	BIRMINGHAM MI 48009		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	

14. I 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

SIGNATURE: <i>Bernard Rivkin</i>	<i>4/29/04</i>	<i>246-647-3250</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		

STAPLE CHECK HERE