FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOC A15701 **DOCUMENT#** FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC -7 AMII: 38

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FOUNTAINGATE ASSOCIAT	ES "LIMITED PARTNER!	SHIP"						
Mailing Address	Address Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.			
1000 S. OLD WOODWARD AVE.	000 S. OLD WOODWARD AVE. 1000 S. OLD WOODWARD AVE.		11/14/1983					
SUITE 201 SUITE 201			3a. Date of Last Report			\$6,975.00		
BIRMINGHAM MI 48009 BIRMINGHAM MI 48009				12/31/1997	5b. Amount of Capital Contributions in FLORIDA			
Mailing Address 2a. Principal Office Address				4. State or Country of Formation	to da	ite:		
				MI	\$6,975.00			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number	Applied For			
City & State	City & State	**		38-2512428 7. Certificate of Status Desired		Not Applicable		
Zip · Country	Zip	Zip Country			\$8.75 Additional Fee Required			
					8. Make check payable to: Dept. of State (See reverse side for fee information)			
9. Name and Address of Co		10. If changed, new Registered Agent/Office						
SAVIN, JOSEPH		Name						
3316 GRIFFIN RD		Street Addr	ess (P.O. B	ox Number Is Not Acceptable)			\dashv	
FT LAUDERDALE FL 33312		Suite, Apt. :	#, etc.					
		City				Zip Code	_	
10a. Pursuant to the provisions of sections 620.10	E4				FL			
agent. I am familiar with, and accept the obliging agent. I am familiar with, and accept the obliging agent. I am familiar with, and accept the obliging agent. I am familiar with, and accept the obliging agent. I am familiar with, and accept the obliging agent. I am familiar with, and accept the obliging agent. I am familiar with, and accept the obliging agent. I am familiar with, and accept the obliging agent. I am familiar with, and accept the obliging agent. I am familiar with, and accept the obliging agent. I am familiar with, and accept the obliging agent. I am familiar with, and accept the obliging agent. I am familiar with, and accept the obliging agent. I am familiar with, and accept the obliging agent. I am familiar with, and accept the obliging agent. I am familiar with, and accept the obliging agent. I am familiar with, and accept the obliging agent. I am familiar with a comparison of the obliging agent. I am familiar with a comparison of the obliging agent. I am familiar with a comparison of the obliging agent. I am familiar with a comparison of the obliging agent. I am familiar with a comparison of the obliging agent. I am familiar with a comparison of the obliging agent. I am familiar with a comparison of the obliging agent. I am familiar with a comparison of the obliging agent. I am familiar with a comparison of the obliging agent. I am familiar with a comparison of the obliging agent. I am familiar with a comparison of the obliging agent. I am familiar with a comparison of the obliging agent. I am familiar with a comparison of the obliging agent. I am familiar with a comparison of the obliging agent. I am familiar with a comparison of the obliging agent. I am familiar with a comparison of the obliging agent. I am familiar with a comparison of the obliging agent. I am familiar with a comparison of the obliging agent. I am familiar with a comparison of the obliging agent with a comparison of the obliging agent. I am familiar with a comparison of the obliging agent. I am familiar with a comparison	0)	IMITED D ACTIV	PART	DATEDATE_ INERSHIP OR OTHEI	R BUSI	NESS ENTIT	<u></u>	
11. Name(s) of General Partner(s)	11a. Address of Each General	l Partner	11b.	City, State & Zip Code	11c.	Registration/ Document Number		
BROWN, EMERY	1000 S. OLD WOODWAR		BIR	MINGHAM MI 48009	i	DOGGRAM NEMEDI	CR2E003 (8/98)	
RIVKIN, BERNARD	1000 S. OLD WOODWAR	1000 S. OLD WOODWARD		MINGHAM MI 48009			903	
SAVIN, JOSEPH	1000 S OLD MOODWAD	1000 S. OLD WOODWARD		MINGHAM MI 48009			CRZ	
OATIN, BOOLIN	1800 S. OLD WOODWAN	ן	DIN					
				4000027		74-012		
				****15	لالاام	****150.00		
Note: General partners MAY N	OT be changed on this form	ı; an ame	endme	nt must be filed to cha	nge a g	eneral partner	_	
12. I do hereby certify that the information supplied was compositions from any liability of non-compliance	with this filing is voluntarily furnished and does not with Section 119.07(3)(k) in the event that the Infi my signature shall have the same legal effects as if	qualify for the e	exemption s	tated in Section 119.07(3)(k), Florida Stated exempt from public access. I further of	tutes. I releaserify that the	se the Division of Information indicated on		
SIGNATURE COMME	L fullin			DATE	11/3	30/98	_	
Typed or Printed Name of General Partner Signing Form BERNARD RIVKIN Daytime Telephone Number 248-647-3255								