APPROVED 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # A15701 1. Entity Name 00 APR -3 PM 12: 20 FOUNTAINGATE ASSOCIATES "LIMITED PARTNERSHIP" SECRETARY OF STATE Principal Place of Business Mailing Address 1000 S. OLD WOODWARD AVE. 1000 S. OLD WOODWARD AVE. SUITE 201 SUITE 201 BIRMINGHAM MI 48009-6796 **BIRMINGHAM MI 48009** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 38-25 12428 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAVIN, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 3316 GRIFFIN RD FT LAUDERDALE FL 33312 Zip Code City FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$6,975.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. CR2E003 (9/99) DOCUMENT# STREET ADDRESS NAME **BROWN, EMERY** 1000 S. OLD WOODWARD AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF **BIRMINGHAM MI 48009** DOCUMENT # STREET ADDRESS NAME RIVKIN, BERNARD 300003214033---04/19/00--01018--010 STREET ADORESS 1000 S. OLD WOODWARD AVE. CITY-ST-ZIP CITY-ST-7P **BIRMINGHAM MI 48009** ****150.00 ****150.00 DOCUMENT # STREET ADDRESS SAVIN, JOSEPH NAME STREET ADDRESS 1000 S. OLD WOODWARD AVE. CITY-ST-7IP CITY-ST-ZIP **BIRMINGHAM MI 48009** DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

DOCUMENT#

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER

Dafe

Dafe

248-641-3255