

2001 UNIFORM BUSINESS REPORT (UBR)

0016687 AF

DOCUMENT # **A15701**

1. Entity Name

FOUNTAINGATE ASSOCIATES "LIMITED PARTNERSHIP"

FILED

01 MAY -1 PM 5: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MJH

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

4. FEI Number 38-2512428	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
9. Capital Contributions as Shown on record. \$6,975.00	10. Amount of Capital Contributions in FLORIDA to date. \$6,975.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 STREET ADDRESS CITY-ST-ZIP	BROWN, EMERY 1000 S. OLD WOODWARD AVE. BIRMINGHAM MI 48009
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	RIVKIN, BERNARD 1000 S. OLD WOODWARD AVE. BIRMINGHAM MI 48009
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SAVIN, JOSEPH 1000 S. OLD WOODWARD AVE. BIRMINGHAM MI 48009
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	500004287575--2
CITY-ST-ZIP	05/22/01 01006 010 ****150.00 ****150.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Bernard Rivkin* **Bernard Rivkin** 4/27/01 248-647-3255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)