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

CHECK HERE

SIGNATURE:

May 04, 2004 08:00 AM Secretary of State DOCUMENT # A15701 1. Entity Name FOUNTAINGATE ASSOCIATES "LIMITED PARTNERSHIP" Principal Place of Business Mailing Address 1000 S. OLD WOODWARD AVE. 1000 S. OLD WOODWARD AVE. SUITE 201 BIRMINGHAM MI 48009 SUITE 201 BIRMINGHAM MI 48009 2. Princical Place of Business 3. Mailing Address Suite. Apt #, etc Suite. Apt # etc CR2E003 (11/03) MOORE Applied For City & State 4. FEI Number City & State 38-2512428 Not Applicable Ζip Country Zip Country \$8.75 Additional 10 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RIVKIN, BERNARD Street Address (P.O. Box Number is Not Acceptable) 5940 SW 19TH STREET PLANTATION FL 33317 Zip Code City 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 Signature: typed or printed name of registered agent and title if approached 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$6,975.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION 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. DOCUMENT # STREET ADDRESS NAME BROWN, EMERY 1000 S. OLD WOODWARD AVE. STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP BIRMINGHAM MI 48009 HARABAN 59628 (Bort) DOCUMENT # STREET ADDRESS RIVKIN, BERNARD NAME <u>05/10/04-00039-00</u> STREET ADDRESS 1000 S. OLD WOODWARD AVE. CITY - ST - ZIP City-St-7IP BIRMINGHAM MI 48009 U00000159628 DOCUMENT # STREET ADDRESS 05/10/04-80039-009 150.00 NAME SAVIN, JOSEPH STREET ADDRESS 1000 S. OLD WOODWARD AVE. CITY-ST-ZIP CITY-ST-ZIP BIRMINGHAM MI 48009 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ODCOMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAPLE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS DITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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

FILED