.2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DO NOT WRITE IN THIS SPACE

DOCUMENT # A15701

1. Entity Name

FOUNTAINGATE ASSOCIATES "LIMITED PARTNERSHIP"



FILED Apr 24, 2006 08:00 AN Secretary of State

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



01052006 No Chg-LP

CR2E003 (11/05)

4. FEt Number Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIVKIN, BERNARD 5940 SW 19TH STREET PLANTATION, FL 33317

DO NOT WRITE IN THIS SPACE

1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		IN THIS SPACE
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 explicable	DATE
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00		
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 #		U0000531570
NAME	RIVKIN, BERNARD	U00000531570 05/06/06-80050-004 508.75
STREET ADDRESS	1000 S. OLD WOODWARD AVE.	• •
CITY-ST-ZIP	BIRMINGHAM, MI 48009	
DOCUMENT #		
NAME	SAVIN, JOSEPH	DO MOT MOITE
STREET ADDRESS	1000 S. OLD WOODWARD AVE.	DO NOT WRITE
CHY-ST-ZIP	BIRMINGHAM, MI 48009	IN THIS SPACE
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14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information		

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/18/06

248-647-325