FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT ; TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



BELLEGATE ASSOCIATES, A MICHIGAN LIMITED PARTNER

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A16269** FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC 26 PH 2: 19



Mailing Address C/O SANBREEN COMPANY -1600-6- WOODWARD AVENUE - SUITE-201-	WARD-AVENUE - SUITE 201 - 1000 S - WOODWARD AVENUE - SUITE - 201-		3. Date Formed or Registered 01/24/1984 38. Date of Last Report	5a. Capital Contributions as Shown on record. \$6,975.00
BIRMINGHAM MI 48009			11/27/1996	5b. Amount of Capital Contributions in Ft ORIDA
2. Mailing Address 1000 S. OLD WOODWARD AVE.	2a. Principal Office Address 1000 S. OLD WOODWARD AVE.		4. State or Country of Formation	\$6.975.00
Suite, Apt. #, etc. SUITE 201 City & State	Suite, Apt. #, etc. SUITE 201 City & State		6. FEI Number 38-2512426	Applied For Not Applicable
Zip Country	7ip Country		7. Certificate of Status Desired	\$8.75 Additional fee Required
and shall have been supported by the state of the state o			8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent SAVIN, JOSEPH 3316 GRIFFIN RD FT LAUDERDALE FL 33312		10. If changed, new Registered Agent/Office		
		Name Street Address (P.O. Box Number 100 2 3 3 5 5 5 5 5 5 5 5		
10a. Pursuant to the provisions of sections 620 1051 and for the purpose of changing its registered office or reagent. I am familiar with, and accept the obligations SIGNATURE (Registered Agont Accepting Appointment)	egistered agent, or both, in the State of Fle of section 620-192, Florida Statutes.	orida Such change wa	s authorized by its general partner(s). I her	eby accopt the appointment of registered
A GENERAL PARTNER THAT I	IS A CORPORATION, I BE REGISTERED AN	LIMITED PA ID ACTIVE V	RTNERSHIP OR OTHE VITH THIS OFFICE.	R BUSINESS ENTITY
11. Name(s) of General Partner(s)	11a. Address of Each Gener	al Partner ox Numbers) 111	City, State & Zip Code	11c. Registration/ Document Number
BROWN, EMERY	1000 S. WOODWARD	1	BRIMINGHAM MI 48009	
RIVKIN, BERNARD	1000 S./WOODWARD	4	BRIMINGHAM MI 48009	
SAVIN, JOSEPH	1000 S. WOODWARD	1	BRIMINGHAM MI 48009	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is trup and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I arm a General Partner of the Irmited partnership, receiver or trustee empowered to execute this report as required by other 62. Florida Statutes.

SIGNATURE

sell aun

DATE

12/22/97

Typed or Printed Name of General Partner Signing Form

JOSEPH SAVIN

Daytime Telephone Number _ 248-647-3255

R25003 (6/97)