

A 16269

Requester's Name

SANBREEN COMPANY

1000 S. OLD WOODWARD AVE.
SUITE 201
BIRMINGHAM, MICHIGAN 48009

500003452975--5

-11/06/00--01074--003

*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. BELLE GATE ASSOCIATES A16269
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

00 NOV -6 AM 9:52

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Examiner's Initials

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. BELLEGATE ASSOCIATES, A MICHIGAN LIMITED PARTNERSHIP
Name of the limited partnership

2. 01/24/84
Date of filing/registration in Florida

3. A16269
Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

JOSEPH SAVIN
Name
3316 GRIFFIN ROAD
Address
FORT LAUDERDALE, FL 33312
City, State and Zip

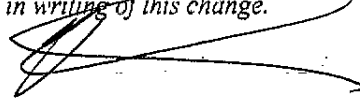
5. The name and address of the new registered agent and/or office:

BERNARD RIVKIN
Name
5940 SW 19TH STREET
Florida street address (P.O. Box **not** acceptable)
PLANTATION FL 33317
City, State and Zip

6. Such change(s) was/were authorized by the general partners.


Signature of General Partner JOSEPH SAVIN

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.


Signature of Registered Agent BERNARD RIVKIN

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00

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STATE OF FLORIDA
TALLAHASSEE