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

SIGNATURE:

May 04, 2004 08:00 AM Secretary of State **DOCUMENT # A16269** 1. Entity Name BELLEGATE ASSOCIATES, A MICHIGAN LIMITED **PARTNERSHIP** Principal Place of Business Mailing Address C/O SANBREEN COMPANY 1000 S.OLD WOODWARD AVE., SUITE 201 BIRMINGHAM MI 48009 C/O SANBREEN COMPANY 1000 S. OLD WOODWARD AVE., SUITE 201 BIRMINGHAM MI 48009 2. Prir ipal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. CR2E003 (11/03) City & State City & State Applied For 4. FEI Number 38-2512426 Not Applicable Ζıρ Country Country \$8.75 Additional 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 City 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and little if applicable 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$6,975.00 as Shown on record in FLORIDA to date. 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 ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME BROWN, EMERY 1100000159827 STREET ADDRESS 1000 S. OLD WOODWARD CITY-ST-7IP 05/10/04-80039-008 150.00 CITY-ST-ZIP BRIMINGHAM MI 48009 DOCUMENT # STREET ADDRESS NAME RIVKIN, BERNARD STREET ADDRESS 1000 S. OLD WOODWARD -100000159627 05/10/04=80039-008 CITY-ST-ZIP CITY-ST-ZIP BRIMINGHAM MI 48009 DOCUMENT # STREET ADDRESS NAME SAVIN, JOSEPH STREET ADDRESS 1000 S. OLD WOODWARD CITY-ST-ZIP CITY-ST-ZIP BRIMINGHAM MI 48009 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP **DOCUMENT** # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY - ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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 employered to execute this report as required by Chapter 620. Florida Statutes.

FILED