


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Jun 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A16269</b> 1. Entity Name <b>BELLEGATE ASSOCIATES, A MICHIGAN LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>C/O SANBREEN COMPANY</b> <b>1000 S. OLD WOODWARD AVE., SUITE 201</b> <b>BIRMINGHAM, MI 48009</b>			Mailing Address <b>C/O SANBREEN COMPANY</b> <b>1000 S. OLD WOODWARD AVE., SUITE 201</b> <b>BIRMINGHAM, MI 48009</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01032005    Chg-LP    CR2E003 (10/03)	
City & State		City & State		4. FEI Number <b>38-2512426</b>	
Zip    Country		Zip    Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RIVKIN, BERNARD</b> <b>5940 SW 19TH STREET</b> <b>PLANTATION, FL 33317</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____					
9. Capital Contributions as Shown on record. <b>\$6,975.00</b>			10. Amount of Capital Contributions in FLORIDA to date <b>\$6,975.00</b>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME			STREET ADDRESS	
NAME	<b>BROWN, EMERY</b>			CITY - ST - ZIP	
STREET ADDRESS	<b>1000 S. OLD WOODWARD</b>				
CITY - ST - ZIP	<b>BRIMINGHAM, MI 48009</b>				
DOCUMENT #	NAME			STREET ADDRESS	
NAME	<b>RIVKIN, BERNARD</b>			CITY - ST - ZIP	
STREET ADDRESS	<b>1000 S. OLD WOODWARD</b>				
CITY - ST - ZIP	<b>BRIMINGHAM, MI 48009</b>				
DOCUMENT #	NAME			STREET ADDRESS	
NAME	<b>SAVIN, JOSEPH</b>			CITY - ST - ZIP	
STREET ADDRESS	<b>1000 S. OLD WOODWARD</b>				
CITY - ST - ZIP	<b>BRIMINGHAM, MI 48009</b>				
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STREET ADDRESS					
CITY - ST - ZIP					
14. I hereby 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.					
<b>SIGNATURE:</b> <i>Bernard Rivkin</i> <b>Bernard Rivkin</b> 5/25/05    248-647-3250				SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER    Date    Daytime Phone #	

STAPLE CHECK HERE