


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # A18720 1. Entity Name AMURCON DEVELOPMENT GROUP, LTD.					
Principal Place of Business 30215 SOUTHFIELD, SUITE 200 SOUTHFIELD, MI 48076			Mailing Address 30215 SOUTHFIELD, SUITE 200 SOUTHFIELD, MI 48076		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 38-2582426	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN, WILLIE M. 4854 FISHERMAN'S DRIVE COCONUT CREEK, FL 33063				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				9. Capital Contributions as Shown on record. \$150.00	
10. Amount of Capital Contributions in FLORIDA to date.				11. Amount of Capital Contributions in FLORIDA to date.	
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	851503		STREET ADDRESS		
NAME	AMURCON CORPORATION		CITY-ST-ZIP		
STREET ADDRESS	30215 SOUTHFIELD, SUITE 200		000000120541 04/28/04-80014-012 141.25		
CITY-ST-ZIP	SOUTHFIELD, MI 48076		CITY-ST-ZIP		
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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					
SIGNATURE: <u>Willie M. Martin</u> <u>V.P.</u> <u>2-3-04</u> <u>248-646-0202</u> <u>X-226</u>					

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