


**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

Zip Country



02032004 Chg-LP CR2E003 (10/03)

4. FEI Number
38-2582426

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

8. 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 **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$150.00**

10. 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 # NAME STREET ADDRESS CITY-ST-ZIP	851503 AMURCON CORPORATION 30215 SOUTHFIELD, SUITE 200 SOUTHFIELD, MI 48076	STREET ADDRESS CITY-ST-ZIP	000000120541 04/28/04-80014-012 141.25
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STAPLE CHECK HERE

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: Willie M. Martin V.P. **2-3-04** **248-646-0202** **X-226**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER