

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Aug 23, 2004 08:00 AM
Secretary of State

DOCUMENT # A21130 1. Entity Name P. I. ASSOCIATES LIMITED PARTNERSHIP					
Principal Place of Business 280 DAINES STREET SUITE 300 BIRMINGHAM, MI 48009			Mailing Address 280 DAINES STREET SUITE 300 BIRMINGHAM, MI 48009		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		07012004 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 38-2593064	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RINES, MILTON T 15235 SOUTH TAMiami TRAIL FT. MYERS, FL 33908				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 entry 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. \$800.00		10. Amount of Capital Contributions in FLORIDA to date. SAME		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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-STATE-ZIP				STREET ADDRESS CITY-STATE-ZIP	
ZLOTOFF, PAUL M 280 DAINES ST., #300 BIRMINGHAM, MI				000000170765 08/23/04-80010-016 141.25	
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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)(d), 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: _____				2/5/04 (248) 645-7220	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #					

Roger Zlotoff, VP of it's GP

STAPLE CHECK HERE