2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 8, 2004

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

osen 210toff

Aug 23, 2004 08:00 AM Secretary of State DOCUMENT # A24202 GENESIS ASSOCIATES LIMITED PARTNERSHIP Principal Place of Business Mailing Address 280 DAINES STREET 280 DAINES STREET SUITE 300 SUITE 300 BIRMINGHAM, MI 48009 BIRMINGHAM, MI 48009 2. Principal Place of Business 3. Mailing Address Suite Ant #, etc. Suite, Apt. #, etc. 07022004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEi Number Applied For 38-2702442 Not Applicable Zιρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Namé and Address of New Registered Agent Name RINES, MILTON T 15235 SOUTH TAMIAMI TRAIL Street Address (P.O. Box Number is Not Acceptable) FT. MYERS, FL 33908 City Zip Code FL 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 title if applicable DATE in accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. 9. Capital Contributions 10. Amount of Capital Contributions \$0.00 SAME as Shown on record 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 33. ADDRESS CHANGES ONLY P05889 DOCUMENT # STREET ADDRESS NAME UNIPROP, INC. 280 DAINES ST. STREET ADDRESS CUY-SI-2P CITY-ST-ZIP BIRMINGHAM, MI DOCUMENT # STREET ADDRESS U00000170763 08/23/04-80010-014 141.25 ZLOTOFF, PAUL M STREET NOORESS 280 DAINES ST. CRY+SI- RP CITY - ST- ZIP BIRMINGHAM, MI BOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS CHY-51-21P CHY-SI-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-SI-ZIP CITY-S1-ZIP DOCUMENT # STREET ADDRESS. STREET ADDRESS CITY-ST-ZEP C) 14 - ST - Z(P DOCUMENT F STREET ADDRESS MAME STREET ADDRESS CHY-SI-78 C(1Y-S1-2)P 14. I hereby certify that the information supplied with this filing does not qualify for the examption 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 it 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 20, Florida Statutes.

FILED