2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A24202

1. Entity Name
GENESIS ASSOCIATES LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
280 DAINES STREET SUITE 300 BIRMINGHAM, MI 48009	280 DAINES STREET SUITE 300 BIRMINGHAM, MI 48009
2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

01042005   Chg-LP   CR2E003 (10/03)

4. FEI Number
38-2702442   Applied For   Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RINES, MILTON T 15235 SOUTH TAMIAMI TRAIL FT. MYERS, FL 33908	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 _____
Signature, typed or printed name of registered agent and title if applicable.   DATE

9. Capital Contributions as Shown on record. **$0.00**

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 # P05889 NAME UNIPROP, INC. STREET ADDRESS 280 DAINES ST. CITY-ST-ZIP BIRMINGHAM, MI	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME ZLOTOFF, PAUL M STREET ADDRESS 280 DAINES ST. CITY-ST-ZIP BIRMINGHAM, MI	STREET ADDRESS 100048399151 03/15/05 01010 007 **141.25 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: _____ 3/3/05   248-645-9220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #

Joel Schwartz