

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # A24202

1. Entity Name
GENESIS 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**



03232006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

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

**RINES, MILTON T
15235 SOUTH TAMiami TRAIL
FT. MYERS, FL 33908**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**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

DOCUMENT # **P05889**
NAME **UNIPROP, INC.**
STREET ADDRESS **280 DAINES ST.**
CITY-ST-ZIP **BIRMINGHAM, MI**

DOCUMENT #
NAME **ZLOTOFF, PAUL M**
STREET ADDRESS **280 DAINES ST.**
CITY-ST-ZIP **BIRMINGHAM, MI**

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CITY-ST-ZIP

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UN00000496731
04/22/06-80023-012 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JOEL SCHWARTZ

Date

Daytime Phone #

4/4/06 248-645-9220