2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED May 04, 2004 08:00 AM Secretary of State

Due by May 1, 2004			¬ Secretary of Sta
DOCUMENT # A25955 1. Entry Name BEZTAK II LIMITED PARTNERSH	IP		
Principal Place of Business 31731 NORTHWESTERN HWY. SUITE 250 W	Mailing Address 31731 NORTHWEST SUITE 250 W	ERN HWY.	
FARMINGTON HILLS, MI 48018	FARMINGTON HILLS	, MI 48018	I TERROT DES TRACE CON PUBLICATE AND ROCKE CON CONTRACTOR OF THE CONTRACTOR OF THE
2. Principal Place of Business	3. Mailing Address		
Suite, Apt #: etc	Suite, Apt. #, etc.		01082004 Chg-LP CR2E003 (10/03)
City & State	City & State		4. FE! Number Applied For 38-2672857 Not Applied by
Zip Country	Ζιρ	Country	5. Certificate of Status Desired See Required Fee Required
6. Name and Address of Curr	ent Registered Agent	Name	7. Name and Address of New Registered Agent
LUPTAK, PAOLA M 4700 NW BOCA RATON BLVD., 4TH FLOOR BOCA RATON, FL 33431		Street Address	s (P.O. Box Number is Not Acceptable)
		City	FL Zip Code
The above named entity submits this statement the obligations of registered agent.	nt for the purpose of changing	its registered office or regis	tered agent or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	gent and utile it app Icable.		DATE
9. Capital Contributions as Shown on record \$1,048,758.00		ipital Contributions o date.	
			STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.
12. GENERAL PART DOCUMENT # F0000004258	NER INFORMATION	13.	ADDRESS CHANGES ONLY
NAME ASSOCIATES GENERAL, INC.		STREET ADDRESS	
STREET ADDRESS 31731 NORTHWESTERN HW CITY-ST-ZIP FARMINGTON HILLS, MI 48.		City-St-ZiP	
DOGUMENT # NAME		STREET ADDRESS	<u> </u>
STREET ADDRESS CITY-SI-ZIP		C(TY+ST-7:P	05/10/04-80035-019 526.25
OOCUMENT # NAME		STREET ACCIDESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-7IP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STHEET AUDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-Z-P	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-S1-ZIP		CITY-ST-ZIP	
14. I hereby certify that the information supplied indicated on this report is true and accurate the receiver or trustee empowered to execut	and that my signature shall ha	ive the same legal effect as i	Section 119 07(3)(i). Florida Statutes, I further certify that the information f made under oath, that I am a General Partner of the limited partnership of
SIGNATURE: SIGNATURE AND TYPE	D OR PRINTED HAME OF MIGHING GET	NERAL PARTNER MINICO	DEZNOS Dato Dayime Phone #