MLM

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

Mailing Address 31731 NORTHWESTERN HWY.

A25955 **DOCUMENT #**

1. Entity Name

Principal Place of Business 31731 NORTHWESTERN HWY.

SIGNATURE:

BEŹTAK II LIMITED PARTNERSHIP



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SECRETARY OF STATE

SUITE 250 W SUITE 250 W FARMINGTON HILLS MI 48018 FARMINGTON HILLS MI 48018 2. Principal Place of Business 3. Mailing Address Suite, Apt. # etc. Suite, Apt. #, etc. DUE BY MAY 1, 2003 Applied For City & State City & State 4. FEI Number 38-2672857 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LUPTAK, PAOLA M Street Address (P.O. Box Number is Not Acceptable) 4700 NW BOCA RATON BLVD., 4TH FLOOR **BOCA RATON FL 33431** City 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 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$1,048,758.00 as Shown on record. in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. CR2E003 (10/02) F00000004258 DOCUMENT **#** STREET ADDRESS ASSOCIATES GENERAL, INC. 000180304 31731 NORTHWESTERN HWY., SUITE 250W STREET ADDRESS CITY-ST-ZIP FARMINGTON HILLS MI 48334 CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DOCUMENT #** STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP 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 en powered to execute this report as required by Chapter 620, Florida Statutes

Maurice J. Beznos