FILE N OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

		DIVISION OF CORPORATIONS		07.007.10.00		
1. Name of Limited Partnership	1a. DOCUM A26825	1a. DOCUMENT # A26825		97 OCT 13 PM 1: 45		
STER LAKES LIMITED PA	RTNERSHIP					
Mailing Address 280 DAINES STREET SUITE 300	Principal Office Address 280 DAINES STREET SUITE 300		3. Date Formed or Registered 07/29/1988 3a. Date of Last Report		Contributions as on record.	
2. Mailing Address	28. Principal Office Address	28. Principal Office Address		5b. Amount of Capital Contributions in FLORIDA to date: \$990.00		
Suite, Apt. #, etc.	Suite, Apt #, etc.			Applied For Not Applicable		
Zip Country		City & State Zip Country			\$8.75 Additional Fee Required	
Zip Country	() () () () () () () () () ()	- Country	8. Make check payable to: Dept. of	State (See rever	se alde for fee Informatio	
9. Name and Address of (Current Registered Agent	Name	10. If changed, new Registere	d Agent/Office		
RINES, MILTON T 15235 SOUTH TAMIAMI TRAIL		Street Address (P.O. Box Number Is Not Acceptable)				
		Suite, Apt. #, etc.				
FT. MYERS FL 33908		Suite, Apt. #, etc.				
	051 and 620 192 Florida Statutes the shows-nar	City	organized or registered under the laws of the	<u>FL</u>	Zip Code	
10a. Pursuant to the provisions of sections 620.1 for the purpose of changing its registered of agent. I am familiar with, and accept the ob-	HAT IS A CORPORATION, JUST BE REGISTERED AI	Gity med Imited partnership Florida. Such change wa LIMITED PA ND ACTIVE V	DATE RTNERSHIP OR OTHE WITH THIS OFFICE.	FL he State of Florida eby accept the a	a, submits this statement of registored	
10a. Pursuant to the provisions of sections 620.1 for the purpose of changing its registered of agent. I am familiar with, and accept the ob-	office or registered agent, or both, in the State of Full of the state of Full of State of St	Gity med Imited partnership Florida. Such change wa LIMITED PA ND ACTIVE V	DATE RTNERSHIP OR OTHE WITH THIS OFFICE.	PL he State of Florida eby accept the appropriate R BUSIN	a, submits this statement ppointment of registored	
10a. Pursuant to the provisions of sections 620.1 for the purpose of changing its registered of agent. I am familiar with, and accept the ob-	office or registered agent, or both, in the State of Full plations of section 620, 192, Florida Statutes HAT IS A CORPORATION, MUST BE REGISTERED A	City med Imiled partnership Florida. Such change wa LIMITED PA ND ACTIVE V Box Numbers) 111	DATE RTNERSHIP OR OTHE WITH THIS OFFICE.	PL he State of Florida eby accept the appropriate FL has been seen as a second	a, submits this statement of registored ESS ENTITY	
10a. Pursuant to the provisions of sections 620.1 for the purpose of changing its registered of agent. I am familiar with, and accept the observation of the purpose of changing its registered of agent. I am familiar with, and accept the observation of General Partner (a). 11. Name(a) of General Partner(b)	office or registered agent, or both, in the State of Full plations of section 620, 192, Florida Statutes HAT IS A CORPORATION, NUST BE REGISTERED AI Address of Each Gene (Do NOT Use Post Office I	City med Imiled partnership Florida. Such change wa LIMITED PA ND ACTIVE V Box Numbers) 111	DATE RTNERSHIP OR OTHE WITH THIS OFFICE. b. City, State & Zip Code BIRMINGHAM MI 48009	R BUSIN 11c. F930	e, submits this statement of registored pointment of registored pointment of registored pointment of registored pointment of registration/Document Number 00005762	

12. I do hereby centry that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any habity of non-compiliance with Section 119.07(3)(k) in the event that the information supplied is doomed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this appoint as required by chapter 6(b). Florida Statutes.

SIGNATURE GP Aster Lakes Corp., its General Partner, Typed or Printed Name of General Partner Signing Form By:

9/17/97

Steven P. Adler, its-Vice Pres Daylime Telephone Number

248-645-9220