


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

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 NOV 13 AM 10:12	
1. Name of Limited Partnership		1a. DOCUMENT # A29432			
GEORGIAN BAY EAST ASSOCIATES LIMITED PARTNERSHIP					
Mailing Address 20500 CIVIC CENTER, SUITE 3000 SOUTHFIELD MI 48076		Principal Office Address 20500 CIVIC CENTER, SUITE 3000 SOUTHFIELD MI 48076		3. Date Formed or Registered 12/28/1989	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/30/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation MI	
City & State		City & State		6. FEI Number 38-2902771	
Zip Country		Zip Country		7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent SCHMIE, JEFFREY L BOCA CORPORATE CENTER 7777 GLADES ROAD, SUITE 201 BOCA RATON FL 33433				10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
10a. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620 192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment) DATE					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s)		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11b. City, State & Zip Code	
GBE ASSOCIATES LIMITED PARTN		20500 CIVIC CENTER DR		SOUTHFIELD MI 48076	
				11c. Registration/ Document Number B93000000139	
				500002350395-13 -11/18/97--01087--006 *****541.25 *****541.25	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify 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 liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed 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 oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CP2E003 (6/97)