

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 APR 13 PM 2: 28

SECRETARY OF STATE



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

3a. Date of Last Report

11/13/1997

4. State or Country of Formation

MI

6. FEI Number

38-2902771

5a. Capital Contributions as  
Shown on record

\$3,000,000.00

5b. Amount of Capital  
Contributions in FLORIDA  
to date

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

SCHMIER, JEFFREY L  
BOCA CORPORATE CENTER  
7777 GLADES ROAD, SUITE 201  
BOCA RATON FL 33433

Name

Street Address (P.O. Box Numbers Not Allowed)

Suite, Apt. #, etc.

City

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Numbers Not Allowed)

Suite, Apt. #, etc.

City

38-2902771-1

04/18/99-01098-012

\*\*\*526.25 \*\*\*526.25

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

11c. Registration/  
Document Number

GBE ASSOCIATES LIMITED PARTN

20500 CIVIC CENTER DR

SOUTHFIELD MI 48076

B93000000139

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

*Donald B. Harris*

DATE

4/6/99

Typed or Printed Name of General Partner Signing Form:

Daytime Telephone Number

CR2E003 (12/98)