Secretary of State

DIVISION OF CORPORATIONS

FILED

ETING THIS FORM.

2002 NOV 22 AM 10: 06

DIVISION OF CORPORATIONS ALLAHASSEE, FLORIDA

DOCUMENT #**4**29432

1. Name of Limited Partnership

Georgian Bay East Associates Limited Partnership

4230 Orchard Lake Road		3. Mailing Office A		Date Formed or Registered		
		Suite, Apt. #, etc.				
City & State Orchard Lake, Michigan		City & State Orchard Lake	e, Michigan	CERTIFICATE OF STATUS DESIRED (\$8.75 Additional Fee require		
Zip 48323	Country U.S.	Zip 48323	Country U.S.	7a. Capital Contributions as shown on Record: 3,000,000.00 7b. Amount of Capital Contributions in FLORIDA to date:		
	8. Name and Addre	ess of Current Registered	Agent	The fill of the control of the contr	Transprice Goto.	
Street Address (P.	r, Jeffrey L. O. Box Number is Not Accept ades Road	able)	FEES: 1.) Filling Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52,50 and a maximum of \$437.50 for each year due this office. 2.) Supplemental Fee(s): \$88,75 for each year due this office, beginning with 1992 calendar year.			
Suite 20 City Boca Ra	· · · · · · · · · · · · · · · · · · ·	Sta F		 Penalty Fee(s): \$500 penalty fee for <u>each year report form is delinquent</u>. Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee. 		
for the purpose agent. I am fam	provisions of sections 620, 1051 an of changing its registered office or liar with, and accept the obligation ared Agent Accepting Appointment	registered agent, or both, in the s of section 620.192, Florida Sta	State of Florida, Such change wa	organized or registered under the laws of the State is authorized by its general partner(s). I hereby acc	of Florida, submits this statement cept the appointment of registered	
	AL PARTNER THA	T IS A CORPOR	ATION, LIMITED F	PARTNERSHIP OR OTHER WITH THIS OFFICE.	BUSINESS ENTITY	
10. Name(s) of General Partner(s)	Address of	Each General Partner Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number	

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
GBE Associates Limited Partnership	20500 Civic Center Drive, Suite 3000	Southfield, Michigan 48076	#B9300000139
		3000091 11/22/02-01015-	59983 -001 ***535.00

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

11. I do hereby certify that the inform	mation supplied with this filing is voluntarily turnished an	nd does not qualify for the exemption state	ed in Section 119.07(3)(i), Florida Sta	tutes. I release the Division of
Corporations from any liability of	if non-compliance with Section 119.07(3)(i) in the event I	that the information supplied is deemed ex	exempt from public access. I further d	certify that the information indicated
	accurate and that my signature shall have the same le		r certify that I am a General Partner o	f the limited partnership, receiver of
trustee empowered to execute the	his report as required by chapter,620, Florida Statutes			
	20 10 10 10 10 10 10 10 10 10 10 10 10 10	Tto Land		
NONIATURE			11/	12/03

Typed or Printed Name of General Partner Signing Form Matthew B. Lester

CR2E039 (9/01)



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DIVILION OF CORPORATIONS
FALLAHASSEE, FLORIDA

November 12, 2002

Division of Corporations Attn: Partnership Section P.O. Box 6327 Tallahassee, FL 32314

Re: Georgian Bay East Associates Limited Partnership Document #A29432

Enclosed you will find the Limited Partnership Reinstatement for the above limited partnership.

We never received the return or the first notices and therefore respectfully request that the \$500 penalty be waived. Please note the change of address on this return.

Sincerely,

Connie Boguth