

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A29432**

1. Entity Name  
**GEORGIAN BAY EAST ASSOCIATES LIMITED PARTNERSHIP**



Principal Place of Business  
**4230 ORCHARD LAKE ROAD  
ORCHARD LAKE, MI 48323**

Mailing Address  
**4230 ORCHARD LAKE ROAD  
ORCHARD LAKE, MI 48323**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04032004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
**38-2902771**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

DATE

9. Capital Contributions  
as Shown on record. **\$3,000,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**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.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **B93000000139**  
NAME **GBE ASSOCIATES LIMITED PARTNERSHIP**  
STREET ADDRESS **20500 CIVIC CENTER DRIVE, SUITE 3000**  
CITY- ST- ZIP **SOUTHFIELD, MI 48076**

STREET ADDRESS  
CITY- ST- ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** *Matthew B Lester* **MATTHEW B LESTER** **4/07/04 248-683-2500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE