

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A29432

1. Entity Name

GEORGIAN BAY EAST ASSOCIATES LIMITED PARTNERSHIP



FILED

03 MAR 19 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4230 ORCHARD LAKE RD.

3. Mailing Address

4230 ORCHARD LAKE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State

ORCHARD LAKE, MI

City & State

ORCHARD LAKE, MI

4. FEI Number

38-2902771

Applied For

Not Applicable

Zip

48323

Country

U.S.

Zip

48323

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SCHMIEK, JEFFREY L.

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

1777 GLADES ROAD, SUITE 201

City

BOCA RATON

FL

Zip Code

33433

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

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT # B93000000139
NAME GBE ASSOC LIMITED PARTNERSHIP
STREET ADDRESS 20500 CIVIL CENTER DRIVE, #300
CITY-ST-ZIP SOUTHFIELD, MI 48076

STREET ADDRESS

CITY-ST-ZIP

800014328168

STREET ADDRESS

03/19/03--01004--006 **526.25

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MATTHEW B. LEYTEK

Date

3/14/03

Daytime Phone #

248/683-2500

CR2E003B (12/02)

STAPLE CHECK HERE