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

SIGNATURE:

## FILED May 04, 2004 08:00 AM Secretary of State

Davlime Phone #

DOCUMENT # A30135  1. Entity Name BEZTAK OF CITATION WAY LIMITED PARTNERSHIP				Secrétary of State
Principal Place of Business Mailing Address				
C/O HAROLD BEZNOS 31731 NORTHWESTERN HIGHWAY, SUITE 240E FARMINGTON HILLS, MI 48334  FARMINGTON HILLS, MI 48334  FARMINGTON HILLS, MI 48334  FARMINGTON HILLS, MI 48334				I CHARRAN (KENE NOM KENER) MANKE MANKE MANKE MINGK
2. Principal Flace of Business 3. Mailing Address				
Suite, Apt. #, etc. Suite. Apt. #, etc.		_	- Thorse of the second of the	01082004 Chg-LP CR2E003 (10/03)
City & State	City & State			4. FEI Number         Applied For           38-2948434         Not Applicable
Zip Country	Zip	Country		5. Certificate of Status Desired   \$8.75 Additional Fee Required
6. Name and Address of Cu	rrent Registered Agent			7. Name and Address of New Registered Agent
LUPTAK, PAOLA 4700 NW BOCA RATON BLVD., 4TH FLOOR BOCA RATON. FL 33431			Name	
			Street Address (	P O Box Number is Not Acceptable)
			City	<b>⊏</b> ∎ Zip Code
			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
Sep tal Contributions as Shown on record      September 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				ADDRESS CHANGES ONLY
DOCUMENT # P36789  NAME FIRST GENERAL CORPORATION  STREE ADDRESS 31731 NORTHWESTERN HWY,, SUITE 250 W.		-	LET ADDRESS	
CITY-SI ZIP FARMINGTON HILLS, MI 483341654		יוום י	-ST-ZIP	
DOCUMENT # NAME		STRE	EET ADDRESS	######################################
STREET ADDRESS CITY-S1-ZIP		ch13	-ST-7/P	
DOCUMENT # NAME		STRE	EET ADDRESS	
STREET ADDRESS CNY-SY-ZIP		CITY	-ST-ZIP	
DOCUMENT ₹ NAME		STRE	EET ADDRESS	
STREET ADDRESS CITY-ST: Z-P		CITY	- Si - ZIP	
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STREET ADDRESS CITY-ST-ZIP		CHY	'-\$1-ZIP	
DOGUMENT # NAME		ŞTPI	EET ADORESS	
STREET ADDRESS CHY-SI-ZIP			r-ST-7/P	
14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes 1 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 AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER