

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 OCT 29 PM 12:14

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1. Name of Limited Partnership
**1a. DOCUMENT #
A30242**

BAYHEAD ASSOCIATES LIMITED PARTNERSHIP



Mailing Address 280 DAINES STREET, SUITE 300 BIRMINGHAM MI 48009		Principal Office Address 280 DAINES STREET, SUITE 300 BIRMINGHAM MI 48009		3. Date Formed or Registered 06/22/1990	5a. Capital Contributions as Shown on record \$1,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 10/17/1995	5b. Amount of Capital Contributions in FLORIDA to date \$1,000
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation MI	
City & State		City & State		6. FEI Number 38-2937340	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country		Zip Country		7. Certificate of Status Desired <input type="checkbox"/> \$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 SALAMONE, PETER M. 451 SW 125TH AVE. FT. LAUDERDALE FL 33325		10. If changed, new Registered Agent/Office Name MILTON T. RINES Street Address (P.O. Box Number Is Not Acceptable) 15235 SOUTH TAMiami TRAIL Suite, Apt. #, etc. City FT. MYERS FL Zip Code 33908	
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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) *Milton T. Rines* DATE **9/16/96**

**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) GP BAYHEAD CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 280 DAINES ST., SUITE	11b. City, State & Zip Code BIRMINGHAM MI 48009	11c. Registration/Document Number F93000005764
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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)(A), 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 *Steven P. Adler*
GP BAYHEAD CORP., BY: STEVEN P. ADLER, ITS VICE PRESIDENT
Typed or Printed Name of General Partner Signing Form

DATE **9/12/96**
Daytime Telephone Number **810-645-9220**

CR2E003 (6/96)