2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 8, 2004

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GE Zlotof

Aug 23, 2004 08:00 AM Secretary of State DOCUMENT # A30242 BAYHEAD ASSOCIATES LIMITED PARTNERSHIP Principal Place of Business Mailing Address 280 DAINES STREET, SUITE 300 280 DAINES STREET, SUITE 300 BIRMINGHAM, MI 48009 BIRMINCHAM, MI 48009 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc Suite, Apt. #. etc. 07022004 Cho-LP CR2E003 (10/03) 4. FEI Number City & State City & State Applied Fur 38-2937340 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired **Fee Required** 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name RINES, MILTON T Street Address (P.O. Box Number is Not Acceptable) 15235 SOUTH TAMIAMI TRAIL FT. MYERS, FL 33908 City 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE Synstems, typed or printed name of registered agent and like 4 applicable DATE In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. 9. Capital Contributions 10. Amount of Capital Contributions SAMC \$1,000.00 as Shown on record 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCUMENT # F93000005764 STREET ADDRESS GP BAYHEAD CORP. NAME STREET ADURESS 280 DAINES ST., SUITE 300 CHY-SI-DP CITY-ST-ZIP BIRMINGHAM, MI 48009 DOCUMENT # U00000170766 STREET ADDRESS NAME 98/23/64 60010 017 141.25 STREET ADDRESS CHY-ST-7P CHY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS C01Y-S1-709 CHY-51-28P DOCUMENT # STREET AUDRESS STREET ADDRESS CATY-SE-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZP DOCUMENT # STREET ADDRESS NASSE STREET ADDRESS CSSY-ST-ZIP CLIY-SI-NP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Floride 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.

8/5/04

FILED