

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0019288 AB

DOCUMENT # A30242

1. Entity Name
BAYHEAD ASSOCIATES LIMITED PARTNERSHIP



FILED
03 JAN 29 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 280 DAINES STREET, SUITE 300 BIRMINGHAM MI 48009	Mailing Address 280 DAINES STREET, SUITE 300 BIRMINGHAM MI 48009
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2003

4. FEI Number **38-2937340** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RINES, MILTON T
15235 SOUTH TAMiami TRAIL
FT. MYERS FL 33908**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	F93000005764	STREET ADDRESS	200011186432
NAME	GP BAYHEAD CORP.	CITY-ST-ZIP	01/29/03 01065 025 **291.25
STREET ADDRESS	280 DAINES ST., SUITE 300	STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM MI 48009	CITY-ST-ZIP	
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CITY-ST-ZIP		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]* **SIGNATURE REQUIRED** (248) 645-9220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)