2002 UNIFORM BUSINESS REPORT (UBR)

A30847 **DOCUMENT #** FILED 1. Entity Name 02 MAY -6: PM 2: 21 BEZTAK/BAYSHORE ASSOCIATES, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 31731 NORTHWESTERN HWY., SUITE 250-W 31731 NORTHWESTERN HWY., SUITE 250-W **FARMINGTON HILLS MI 48334 FARMINGTON HILLS MI 48334** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** Applied For 4. FEI Number City & State City & State 59-3057774 Not Applicable \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LUPTAK, PAOLA Street Address (P.O. Box Number is Not Acceptable) 4700 N.W. BOCA RATON BLVD., 4TH FLOOR **BOCA RATON FL 33431** Zip Code City 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. Signature, typed or printed name of registered agent and title if applicable 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$1,900.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12 P36789 nnnoo5556130 **DOCUMENT #** STREET ADDRESS 05/17/02--01012--001 FIRST GENERAL CORPORATION NAME ****141.25 STREET ADDRESS 31731 NORTHWESTERN HWY., SUITE 250-W ****141.25 CITY-ST-ZIP FARMINGTON HILLS MI 48334 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDITESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT #1 STREET ADDRESS NAME 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:

CR2E003 (9/01)