


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A30847

1. Entity Name
BEZTAK/BAYSHORE ASSOCIATES, LTD.



Principal Place of Business Mailing Address
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.

City & State City & State

Zip Country Zip Country



01082004 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
59-3057774 Not Applicable

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

6. Name and Address of Current Registered Agent

LUPTAK, PAOLA
4700 N.W. BOCA RATON BLVD., 4TH FLOOR
BOCA RATON, FL 33431

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, applicable

9. Capital Contributions as Shown on record **\$1,900.00** 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P36789	STREET ADDRESS	
NAME	FIRST GENERAL CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	31731 NORTHWESTERN HWY., SUITE 250-W		
CITY-ST-ZIP	FARMINGTON HILLS, MI 48334		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: _____ **Mauro J. Bernas** Date: **4/14/04** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER