


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

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

<b>DOCUMENT # A30847</b> 1. Entity Name <b>BEZTAK/BAYSHORE ASSOCIATES, LTD.</b>		
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Principal Place of Business <b>31731 NORTHWESTERN HWY., SUITE 250-W</b> <b>FARMINGTON HILLS, MI 48334</b>	Mailing Address <b>31731 NORTHWESTERN HWY., SUITE 250-W</b> <b>FARMINGTON HILLS, MI 48334</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



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4. FEI Number <b>59-3057774</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>LUPTAK, PAOLA</b> <b>4700 N.W. BOCA RATON BLVD., 4TH FLOOR</b> <b>BOCA RATON, FL 33431</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <b>\$1,900.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	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	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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 05/10/04-800006-014 141.25

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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:** \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **Murcel J. Bernos** **Date** **4/14/04** **Daytime Phone #** \_\_\_\_\_