

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 MAY -2 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A30847

1. Entity Name
BEZTAK/BAYSHORE ASSOCIATES, LTD.



Principal Place of Business
31731 NORTHWESTERN HWY., SUITE 250-W
FARMINGTON HILLS, MI 48334

Mailing Address
31731 NORTHWESTERN HWY., SUITE 250-W
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

01052005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3057774

Applied For
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
LUPTAK, PAOLA
Street Address (P.O. Box Number is Not Acceptable)
2201 NW CORPORATE BLVD.
SUITE 100
City BOCA RATON, FL 33431 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 use if 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

DOCUMENT # P36789
NAME FIRST GENERAL CORPORATION
STREET ADDRESS 31731 NORTHWESTERN HWY., SUITE 250-W
CITY-ST-ZIP FARMINGTON HILLS, MI 48334

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP

500055332245
05/25/05--01053--004 **141.25

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/15/05
Date Daytime Phone #

STAPLE CHECK HERE