

2001 UNIFORM BUSINESS REPORT (UBR)

0018441 AF

DOCUMENT # **A31501**

1. Entity Name

AXA ASSOCIATES LIMITED PARTNERSHIP

FILED
01 MAY -1 PM 5:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1533 N. WOODWARD AVE., SUITE 340 BLOOMFIELD HILLS MI 48304	Mailing Address 1533 N. WOODWARD AVE., SUITE 340 BLOOMFIELD HILLS MI 48304
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 38500 Woodward Ave Suite, Apt. #, etc. Suite 310 City & State Bloomfield Hills, MI Zip 48304	3. Mailing Address 38500 Woodward Ave Suite, Apt. #, etc. Suite 310 City & State Bloomfield Hills, MI Zip 48304
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4. FEI Number 38-2655567	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARONOFF, ARNOLD Y.
626 GULF SHORE BLVD., SOUTH
NAPLES FL 33940

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.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO 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	
DOCUMENT #	P38874
NAME	AYA, INC.
STREET ADDRESS	1533 N. WOODWARD AVE., SUITE 340
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	38500 Woodward Ave., Suite 310
CITY-ST-ZIP	Bloomfield Hills, MI 48304
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	

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]* **4/25/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)