
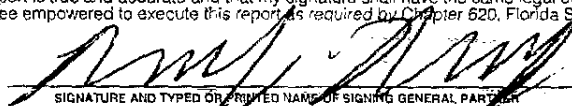


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A31501 1. Entity Name AXA ASSOCIATES LIMITED PARTNERSHIP					
Principal Place of Business 38500 WOODWARD AVE., SUITE 310 BLOOMFIELD HILLS, MI 48304			Mailing Address 38500 WOODWARD AVE., SUITE 310 BLOOMFIELD HILLS, MI 48304		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 38-2655567	
5. Certificate of Status Desired <input type="checkbox"/>		01042005 Chg-LP CR2E003 (10/03)			
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		
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.			\$8.75 Additional Fee Required		
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,000.00			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 #	P38874		STREET ADDRESS		
NAME	AYA, INC.		CITY-ST-ZIP		
STREET ADDRESS	38500 WOODWARD AVE., SUITE 310		CITY-ST-ZIP		
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48304		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			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)(f), 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: 			DJ ARONOFF 2-10-05 248 642 0196		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE

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