

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**

**06 MAY -1 PM 1:45**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**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  
**21 E Long Lake Road**

3. Mailing Address  
**21 E Long Lake Road**

Suite, Apt. #, etc.  
**Suite 100**

Suite, Apt. #, etc.  
**Suite 100**

City & State  
**Bloomfield Hills, MI**

City & State  
**Bloomfield Hills, MI**

Zip  
**48304**

Country

Zip  
**48304**

Country

01242006 Chg-LP CR2E003 (11/05)

4. FEI Number  
**38-2655567**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

**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 **38500 WOODWARD AVE., SUITE 310**  
CITY-ST-ZIP **BLOOMFIELD HILLS, MI 48304**

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS **21 E Long Lake Road, Suite 100**  
CITY-ST-ZIP **Bloomfield Hills, MI 48304**

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

STAPLE CHECK HERE

**700074696727  
05/17/06--01004--003 \*\*500.00**