

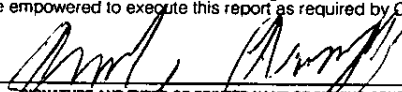


FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 21 PM 3: 51

DOCUMENT # A31501				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name AXA ASSOCIATES LIMITED PARTNERSHIP				08 APR 21 PM 3:51	
Principal Place of Business 21 E LONG LAKE ROAD, SUITE 100 BLOOMFIELD HILLS, MI 48304		Mailing Address 21 E LONG LAKE ROAD, SUITE 100 BLOOMFIELD HILLS, MI 48304			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		02242008 Chg-LP CR2E003 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 38-2655567	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ARONOFF, ARNOLD Y. 626 GULF SHORE BLVD., SOUTH NAPLES, FL 33940				Name	
				Street Address (P.O. Box Number is Not Acceptable) 800 Sagate Drive, Suite 302	
				City Naples	Zip Code FL 34103
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
DATE _____					
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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				13. ADDRESS CHANGES ONLY	
DOCUMENT #	P38874	STREET ADDRESS	500123940395		
NAME	AYA, INC.	CITY-ST-ZIP	04/17/08--01057--002 **500.00		
STREET ADDRESS	21 E LONG LAKE ROAD, SUITE 100				
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48304				
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
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NAME		CITY-ST-ZIP			
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:  4/11/2008					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					
Date Daytime Phone #					