## **2003 LIMITED PARTNERSHIP** UNIFORM BUSINESS REPORT (UBR)

DOCL	<b>JMENT</b>	# /	431	501
DUUU	JIVI EIN I	# /	701	

1. Entity Name AXA ASSOCIATES LIMITED PARTNERSHIP



Principal Place of Business 38500 WOODWARD AVE., SUITE 310 BLOOMFIELD HILLS MI 48304

2. Principal Place of Business

Mailing Address 38500 WOODWARD AVE., SUITE 310 BLOOMFIELD HILLS MI 48304

3. Mailing Address

	THE S	
	*	
6.0	V.	5

FILED 03 JAN 27 PN 3:37

SECRETARY OF STATE TALLAHASSEE FLORIDA



City & State  City & State  City & State  City & State  Country  C	Suite, Apt. #, e	etc.		Suite, Apt. #, etc.			·	DUE BY M.	AY 1, 2003	š		
E. Neme and Address of Current Registered Agent  ARNOUFF, ARNOLD Y. 626 GULF SHORE BLVD., SOUTH NAPLES R. 33940  E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the conjugators of registered agent, or both, in the State of Florida. I am familiar with, and accept the conjugators of registered agent, or both, in the State of Florida. I am familiar with, and accept the conjugators of registered agent, or both, in the State of Florida. I am familiar with, and accept the conjugators of registered agent, or both, in the State of Florida. I am familiar with, and accept the conjugators of registered agent, or both, in the State of Florida. I am familiar with, and accept the conjugators of registered agent, or both, in the State of Florida. I am familiar with, and accept the conjugators of registered agent, or both, in the State of Florida. I am familiar with, and accept the conjugators of registered agent, or both, in the State of Florida. I am familiar with, and accept the conjugators of registered agent, or both, in the State of Florida. I am familiar with, and accept the conjugators of registered agent, or both, in the State of Florida. I am familiar with, and accept the conjugators of registered agent, or both, in the State of Florida. I am familiar with, and accept the conjugators of registered agent, or both, in the State of Florida. I am familiar with, and accept the conjugators of registered agent, or both, in the State of Florida. I am familiar with, and accept the conjugators of registered agent, or both, in the State of Florida. I am familiar with, and accept the conjugators of registered agent, or both, in the State of Florida. I am familiar with, and accept the conjugators of registered agent, or both, in the State of Florida. I am familiar with, and accept the conjugators of registered agent, or both, in the State of Florida. I am familiar with, and accept the florida. I am familiar with, an	City & State			City & State	,		4. FEI Num	ber <b>38-2655567</b>				1
ARONOFF, ARNOLD Y, 628 GULF SHORE BLVD., SOUTH NAPLES PL 33940  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fichida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  9. Capital Contributions signature speed or prime remark or registered agent as \$1,000.00  10. Amount of Capital Contributions is REPURS SIDE FOR FEE JUPPRIMATION  A GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERD AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MV NOT be changed on the form; an amendment must be filled to change a general partner.  12. Capital Contributions is REPURS SIDE FOR FEE JUPPRIMATION  13. ADDRESS CHANGES ONLY  14. ADDRESS CHANGES ONLY  15. CAPITAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERD AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MV NOT be changed on the form; an amendment must be filled to change a general partner.  16. CAPITAL PARTINER INFORMATION  17. ADDRESS CHANGES ONLY  18. SIREH AUDRESS  CITY-S1-2P  DOCUMENT IN AND ADDRESS CHANGES ONLY  SIREH AUDRESS  CITY-S1-2P  DOCUMENT IN ADDRESS CHANGES ONLY  SIREH AUDRESS  CITY-S1-2P  CONTINUE CHANGES CHANGES ONLY  SIREH AUDRESS  CITY-S1-2P  CONTINUE CHANGES  CITY-S1-2P  CONTINUE CHANGES  CITY-S1-2P  CONTINUE CHANGES  CITY-S1-2P  CITY-S1-	Zip	Country		Zip Country		5. Certifica	5 Certificate of Status Desired Status Resired Status Desired					
ARONOFF, ARNOLD Y. 626 GUF SHORE BLVD., SOUTH NAPLES R. 33940  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 cologisations of registered agent.  SIGNATURE  9. Capital Contributions as Shown on nectod in PLORIDA to date.  A GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT to changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  PREST ADDRESS  OTTY-ST-2P  GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  STREET ADDRESS  OTTY-ST-2P  GENERAL PARTNER INFORMATION 15. STREET ADDRESS  OTTY-ST-2P  GENERAL PARTNER INFORMATION 15. STREET ADDRESS  OTTY-ST-2P  GENERAL PARTNER INFORMATION 15. STREET ADDRESS  OTTY-ST-2P  GENERAL PARTNER INFORMATION 16. STREET ADDRESS  OTTY-ST-2P  GENERAL PARTNER INFORMATION 17. STREET ADDRESS  OTTY-ST-2P  GENERAL PARTNER INFORMATION 18. STREET ADDRESS  OTTY-ST-2P  GENERAL PARTNER INFORMATION 19. STREET ADDRESS  OTTY-		6. Name and Addre	ss of Current Reg	istered Agent	1		7. Name ai	nd Address of New Reg	istered Ag	ent .		1
Silect Address (P.O. Box Number is Not Acceptable)  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  9. Capital Contributions as Shown on record.  A GENERAL PARTIER 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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  SIRET ADDRESS  OITY-ST-2P  OIT	ABONOFF AL	DNOLD V										ŀ
NAPLES FL 33940    City   FL   Zip Code			TU		-	Street Address (P.O. Box Number is Not Acceptable)						1
Entry State Address City-St-Zip  City  FL Zip Code  9. 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 figure are stated agent.  SIGNATURE  9. Capital Contributions  \$1.000.00  10. Amount of Capital Contributions  in FLORIDA to date.  11. MAKE CHECK PAYABLE TO FL. DET. OF STATE SEE REVIEWS SIDE FOR FEE INFORMATION  12. CENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partines MAY NOT be changed on the form; an amendment must be filed to change a general partiner.  12. CENERAL PARTINER INFORMATION  13. ADDRESS CHANGES DNLY  AVA, INC.  SIREL ADDRESS  CITY-ST-ZIP  DOCUMENT / NAME  SIREL ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  DOCUMENT / NAME  SIREL ADDRESS  CITY-ST-ZIP  CITY-			In									,
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE	NAPLES FL 3	3940				. "						ļ
The obligations of registered agent.  SIGNATURE  9. Capital Contributions sas Shown on record.  A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOTE be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  DOCUMENT / NAME STREEL ADDRESS CITY-ST-2P  DOCUMENT						City FL Zip Code						
9. Capital Contributions   \$1,000.00   10. Amount of Capital Contributions   in FLORIDA to date:     11. MAKE CHECK PAYBALE TO FL. DEPT. OF STATE SE REVERSE SIDE FOR FEE INFORMATION				purpose of changing its	registere	ed office or r	egistered agent, or b	ooth, in the State of Florid	da. I am fan	niliar wit	th, and accept	
9. Capital Contributions   \$1,000.00   10. Amount of Capital Contributions   in FLORIDA to date:     11. MAKE CHECK PAYBALE TO FL. DEPT. OF STATE SE REVERSE SIDE FOR FEE INFORMATION	0.04.47.455											ļ
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 filled to change a general partner.   12.	SIGNATURE ————————————————————————————————————	ature, typed or printed name	of registered agent and tit	le if applicable.				·	DATE			
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.    12.					butions							
DOCUMENT / MAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.											
TREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP			RAL PARTNER INF	ORMATION	13.			ADDRESS CHAN	IGES ONLY			
TREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP			STREE		ET ADDRESS					•	10/02	
TREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP				CITY	Y-ST-ZIP						003	
STREET ADDRESS CITY-ST-ZIP  COCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	í				STRE	ET ADDRESS	7 <b>.</b> 01/27	7001096 703010900	844	7 [41]:	)C	CRZE
OCCUMENT / 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  CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	STREET ADDRESS				CITY	-ST-ZIP	01, 21	,00 01000 0	11 400			
NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT * NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  DOCUMENT * NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP												
CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP					STRE	ET ADDRESS					ĺ	
CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS				CITV	- ST. 7/D						
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  CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	CITY-ST-ZIP				· UIT	-51-211						
CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP					STRE	ET ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	1				CITY	-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP			•				•					
CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP					STRE	ET ADDRESS		•			ļ	
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	1				CITY	-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	1				STRE	ET ADDRESS			•			
	STREET ADDRESS				CITY	-ST-ZIP	·					
		y that the information	supplied with this	filing does not qualify for	the exe	mption stated	d in Section 119.07(3	i)(i), Florida Statutes. I fu	rther certify	that the	e information	

ave the same legal effect as if made under oath; that I am a General Partner of the limited partnership or hapter 620, Florida Statutes the receiver or trustee empowered to

**SIGNATURE:** 

1-7-03

248-642-0190