


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A95000001409</b> 1. Entry Name <b>ENTERTAINMENT CENTER LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>800 SEAGATE DRIVE SUITE 302</b> <b>NAPLES, FL 34103</b>	Mailing Address <b>P.O. BOX 893</b> <b>BLOOMFIELD HILLS, MI 48303</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01072004 Chg-LP CR2E003 (10/03)

4. FEI Number <b>65-0612816</b>		Applied For Not Applicable
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
<b>ARONOFF, JANET</b> <b>800 SEAGATE DRIVE SUITE 302</b> <b>NAPLES, FL 34103</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.

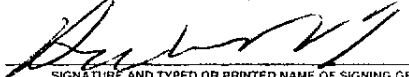
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record <b>\$100.00</b>	10. Amount of Capital Contributions in FLORIDA to date
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000072299	STREET ADDRESS	
NAME	ENTERTAINMENT CENTER, INC.	CITY-ST-ZIP	
STREET ADDRESS	800 SEAGATE DRIVE SUITE 302		
CITY-ST-ZIP	NAPLES, FL 34103		
DOCUMENT #		STREET ADDRESS	05/07/04-80020-013 141.25
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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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 exemption stated in Section 119.07(3)(ii), 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:  **ENTERTAINMENT CENTER, INC.**  
**BY DANIEL J. ARONOFF 2-19-04 248-642-0190**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE