

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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1. Name of Limited Partnership THE YACHTING ARCADE, LTD.		1a. DOCUMENT # A96000002171	
Mailing Address XXXX North Andros Suite 200 Vero Beach, FL 32963 c/o		Principal Office Address XXXX North Andros Suite 200 Vero Beach, FL 32963 c/o	
2. Mailing Address G & K Management, Inc. 3000 Town Center Suite, Apt. #, etc. Suite 2090 City & State Southfield, Michigan Zip Country 48075 United States		3. Date Formed or Registered 11/25/96 3a. Date of Last Report n/a 4. State or Country of Formation Florida 5a. Capital Contributions as Shown on record \$600,000 5b. Amount of Capital Contributions in FLORIDA to date: \$537,000 6. FEI Number 65-0708609 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent John E. Moore, III, Esq. 756 Beachland Blvd. Vero Beach, FL 32963	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) G & K Management, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3000 Town Center Suite 2090	11b. City, State & Zip Code Southfield, Michigan 48075	11c. Registration/Document Number P95000094688
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 690, Florida Statutes.

SIGNATURE

[Signature] **Sec G & K Management Inc** DATE **12/27/96**

Typed or Printed Name of General Partner Signing Form

G & K Management, Inc.

Daytime Telephone Number

(810) 353-0802

CR2E003 (6/96)