

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**DOCUMENT # B06000000118**

1. Entity Name  
**ESAA ASSOCIATES LIMITED PARTNERSHIP**



Principal Place of Business  
**21 EAST LONG LAKE ROAD, SUITE 100**  
**BLOOMFIELD HILLS, MI 48304**

Mailing Address  
**21 EAST LONG LAKE ROAD, SUITE 100**  
**BLOOMFIELD HILLS, MI 48304**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032007

Chg-LP

CR2E003 (12/06)

4. FEI Number

**3-2601467**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ARONOFF, JANET**  
**800 SEAGATE DRIVE, SUITE 302**  
**NAPLES, FL 34103**

**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, 2007, 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 # **F06000000622**  
NAME **ESAA, INC**  
STREET ADDRESS **21 E. LONG LAKE ROAD, SUITE 100**  
CITY-ST-ZIP **BLOOMFIELD HILLS, MI 48304**

DOCUMENT #  
NAME  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**300095217633**  
**03/23/07--01019--002 \*\*500.00**

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/7/07**

Date

Daytime Phone #

**FILED**

**2007 MAR 23 AM 11:07**

**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



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