2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # B06000000118

1. Entity Name

ESAÁ ASSOCIATES LIMITED PARTNERSHIP



Principal Place of Business

Mailing Address

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

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

FILED Apr 17, 2008 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

01242008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 38-1601467

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

DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the purpose of changing its tions of registered agent.	registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.		DATE	
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00				
	A GENERAL PARTNER THAT IS A BUSINESS EN NOTE: General Partners MAY NOT be changed on the			
12.	GENERAL PARTNER INFORMATION			
DOCUMENT /	F06000000622	1		
NAME	ESAA, INC			
STREET ADDRESS	21 E.LONG LAKE ROAD, SUITE 100			
CITY - ST - ZIP	BLOOMFIELD HILLS, MI 48304	1		
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STAPLE CHECK HERE

STREET ADDRESS

CITY-ST-ZIP DOCUMENT # NAME STREET ADORESS CITY ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this fifing 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #