FILED
Mar 14, 2006 08:00 AM
Secretary of State

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # B93000000014

1. Entity Name
H. GORDON PROPERTIES LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
31530 CONCORD DRIVE MADISON HEIGHTS, MI 48071	31530 CONCORD DRIVE MADISON HEIGHTS, MI 48071

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

02162006 Chg-LP CR2E003 (11/05)

4. FEI Number: 38-2205882 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCRAE, MITCHELL T ESQ.
23003 S. STATE ROAD 7
BOCA RATON, FL 33428

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: ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS $500.00
After May 1, 2006, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	GORDON, HAROLD H		
STREET ADDRESS	31530 CONCORD DRIVE	CITY-ST-ZIP	
CITY-ST-ZIP	MADISON HEIGHTS, MI 48071		
DOCUMENT #		STREET ADDRESS	
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03/23/06 00033-017 500.00

STAPLE CHECK HERE

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], Agent 2/17/06 248-203-0743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #