2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B9300000014

1. Entity Name

H. GORDON PROPERTIES LIMITED PARTNERSHIP



Principal Place of Business
31530 CONCORD DRIVE
MADISON HEIGHTS MI 48071

2. Principal Place of Business
Suite, Apt. #, etc.

Mailing Address
31530 CONCORD DRIVE
MADISON HEIGHTS MI 48071

3. Mailing Address
Suite, Apt. #, etc.

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DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA



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2. Principal	Place of Busin	ess	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DUE BY MAY 1, 2003		
City & State			City & State			4. FEI Number	4. FEI Number 38-2205882 Applied For Not Applicable		
Zip Country Zip				Coun	try	5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
MCRAE, MITCHELL T ESQ.					Name .				
23003, S. STATE ROAD 7					Street Address (P.O. Box Number is Not Acceptable)				
BOCA RATON FL 33428									
					City	FL 25 oods			
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 o	or printed name of registered agent	and title if applicable			,	-		
9. Capital Co				of Capital Contrib	· · · · · · · · · · · · · · · · · · ·	-	DATE		
as Shown on record.			in FLORi	DA to date.			11. MAKE CHECK PAYABLI SEE REVERSE SIDE FO	R FEE INFORMATION	
	NOTE:	General Partners M	I MAI IS A BUSINE AY NOT be change	SS ENTITY MI	UST BE REGI	ISTERED AND AC	TIVE WITH THIS OFFIC	E.	
NOTE: General Partners MAY NOT be changed on the formula. GENERAL PARTNER INFORMATION					, an amenan	ent must be med	ADDRESS CHANGES ON		
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NAME	GORDON, HAROLD H			STREE	ET ADDRESS				
STREET ADDRESS 31530 CONCORD DRIVE					<u> </u>			· · · · · · · · · · · · · · · · · · ·	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #