FILED

| Due By May 1, 2006 | | | Apr 07, 2006 08:00 AM Secretary of State | | | |
|---|---|-------------------------------------|---|------------------------------------|---|--|
| 1. Entity Nar | MENT # B9300000563 THE ALIMITED PARTNERSHIP | | | Secreta | ry of State | |
| Principal Place of Business Mailing Address 280 DAINES STREET, SUITE 300 280 DAINES STREET, SUITE 300 BIRMINGHAM, MI 48009 BIRMINGHAM, MI 48009 | | | | | | |
| | | Av = 4m + 1m + 2 | 03232006 No | | CR2E003 (11/05) | |
| DO NOT WRITE IN THIS SPACE | | | 4. FEI Number 38-31477 5. Certificate of | 87 | Applied For Not Applicable \$8.75 Additional Fee Required | |
| | 6. Name and Address of Current Registered Agent | | 1 | | · · · · · · · · · · · · · · · · · · · | |
| | ILTON T UTH TAMIAMI TRAIL RS, FL 33908 | | DO NOT WRITE IN THIS SPACE | | | |
| } ·. | | | | | | |
| the obliga | e named entity submits this statement for the purpose of changing its re strong of registered agent. | gistered office or register | red age nt, or both, | in the State of Florid | a. I am familiar with, and accept | |
| SIGNATURE | Signature, typed or printed name of registered agent and little it applicable | | | | DATE | |
| / | FILE NOWIII FEE IS \$500.00 After May 1, 2006, Fee will be \$900. | | | | | |
| | A GENERAL PARTNER THAT IS A BUSINESS ENTI NOTE: General Partners MAY NOT be changed on the | TY MUST BE REGIST form; an amendmen | TERED AND AC it must be filed | TIVE WITH THIS to change a gene | OFFICE. eral partner. | |
| 12. | GENERAL PARTNER INFORMATION | | | | | |
| DOCUMENT # | F93000005763 | | | | | |
| STREET ADDRESS | GP JAMAICA PLAZA, INC. 280 DAINES STREET, SUITE 300 | | | | | |
| CITY-ST-ZIP | BIRMINGHAM, MI 48009 | | | | | |
| DOCUMENT # | | | | Unnocoa | neat a | |
| NAME | | | | ก4/22/กร-ฉ | 96714 10023-009 500.00 | |
| STREET ADDRESS C'TY+ST-ZIP | | | | Olimpian D | აიღა <u>_იივ</u> 200.00 | |
| DOCUMENT # | | | | | | |
| NAME | | | 00.4 | OT 14/D | | |
| SIMEET AUDRESS | | | א טע | OT WR | | |
| CITY-ST-ZIP | | | IN TH | IIS SPA | CE | |
| NAME. | | | 4 4 4 4 4 | | | |
| SIREET ADDRESS | | | | | | |
| CITY-ST-ZIP | { | | | | | |
| DOCUMENT # | | | | | | |
| NAME STREET ADDRESS | | | | | | |
| C)17-S1-21P | | | | | | |

14. I hereby certify that the information supplied with this filling 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 it made under oath; that I am a General Partner of the limited partnership or the receiver or trustee impowers to execute vis report as required by Chapter 820, Florida Statutes

SIGNATURE:

STAPLE CHECK HERE

DOCUMENT # NAME STREET ADDRESS CUT-ST-ZIP

JOEL SCHWARTZ