

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 DEC 16 AM 11:14

1. Name of Limited Partnership

1a. DOCUMENT #  
**B96000000125**

**RAMCO-GERSHENSON PROPERTIES LIMITED PARTNERSHIP**



Mailing Address

27800 NORTHWESTERN HIGHWAY, SUITE 200  
SOUTHFIELD MI 48034

Principal Office Address

27800 NORTHWESTERN HIGHWAY, SUITE 200  
SOUTHFIELD MI 48034

3. Date Formed or Registered

04/11/1996

5a. Capital Contributions as Shown on record.

\$13,603,665.00

3a. Date of Last Report

03/10/1997

5b. Amount of Capital Contributions in FLORIDA to date:

SAME AS SA

4. State or Country of Formation

DE

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

6. FEI Number

38-3212115

Applied For  
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

HOMISCO INCORPORATION, INC.  
222 LAKEVIEW AVENUE, SUITE 800  
WEST PALM BEACH FL 33401

10. If changed, now Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

RAMCO-GERSHENSON PROPERTIES

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

27800 NORTHWESTERN HI

11b. City, State & Zip Code

SOUTHFIELD MI 48034

11c. Registration/Document Number

D98000000008

300002378163--3  
-12/19/97--01093--005  
\*\*\*541.25 \*\*\*541.25

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

DENNIS GERSHENSON - PRESIDENT

Daytime Telephone Number

248-350-9900

CR2E003 (6/97)