## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B9600000125  1. Entity Name				FILED		
RAMCO-GERSHENSON PROPERTIES LIMITED PARTNERSHIP				00 00m 3 AM 8: 53		
Principal Place of Business Mailing Address				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
27600 NORTHWESTERN HIGHWAY. SUITE 200 27600 NORTHWESTERN H			ighway, suite 200		TALLAHASSEE, FLORIDA	
SOUTHFIELD MI 48034 SOUTHFIELD MI 48034-846			66		•	
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Principal Place of Business     Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc					DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number 38-3212115 Applied For Not Applicable	
Zip Country		Zip	Country		5. Certificate of Status Desired	
	6. Name and Address of Current I				7. Name and Address of New Registered Agent	
o. Italie and Address of Outfern registered Agent				Name ,	6 1° y	
HOMISCO INCORPORATION, INC.				Street Address (P.O. Box Number is Not Acceptable)		
222 LAKEVIEW AVENUE, SUITE 800						
WEST PA				Tip Code		
				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.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
9. Capital Contributions \$13,603,665.00 In FLORIDA to date				ibutions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE	
as Shown on record. \$13,003,000.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMAT  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			e forn	n; an amendme	ent must be filed to change a general partner.	
12. GENERAL PARTNER INFORMATION			13.	·	ADDRESS CHANGES ONLY	
DOCUMENT # NAME	D97000000035 RAMCO-GERSHENSON PROPERTIES TRUST			REET ADDRESS	·	
STREET ADDRESS			CITY-ST-ZIP		5000033002150	
CITY-ST-ZIP			1		<u>-06/21/0001117015</u>	
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CITY-ST-ZIP		<u> </u>	CIT	Y-ST-ZIP		
DOCUMENT # NAME			STF	REET ADDRESS		
STREET ADORESS				Y-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
14. I hereby certify that the information supplied with this filing does no 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						

LIGHT THE REQUIRED DENVIS GERSHENSON

4-26-00

248.350-9900