

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # B96000000125	
1. Entity Name RAMCO-GERSHENSON PROPERTIES LIMITED PARTNERSHIP	

Principal Place of Business 27600 NORTHWESTERN HIGHWAY, SUITE 200 SOUTHFIELD, MI 48034	Mailing Address 27600 NORTHWESTERN HIGHWAY, SUITE 200 SOUTHFIELD, MI 48034
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2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc	Suite, Apt #, etc
City & State	City & State
Zip Country	Zip Country



02242004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent

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

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

9. Capital Contributions as Shown on record \$13,603,665.00	10. Amount of Capital Contributions in FLORIDA to date
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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 #	D97000000035	STREET ADDRESS	
NAME	RAMCO-GERSHENSON PROPERTIES TRUST	CITY-ST-ZIP	
STREET ADDRESS	27600 NORTHWESTERN HIGHWAY, STE 200		U00000097181
CITY-ST-ZIP	SOUTHFIELD, MI 48034		03/26/04-80028-025 526.25
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: SEE ATTACHED 3-12-04 248-350-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #