

**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



02242004 Chg-LP CR2E003 (10/03)

4. FEI Number 38-3212115	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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.
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SIGNATURE _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable</small>	

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	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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
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SIGNATURE: <u>SEE ATTACHED</u>	Date: <u>3-12-04</u>	Daytime Phone #: <u>248-350-9900</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		