
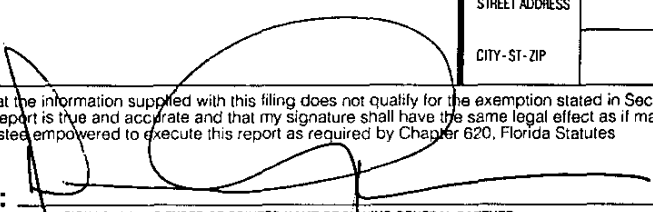


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAY 11 AM 9:21

DOCUMENT # B9600000125		
1. Entity Name RAMCO-GERSHENSON PROPERTIES LIMITED PARTNERSHIP		
Principal Place of Business 31500 NORTHWESTERN HWY SUITE 300 FARMINTON HILLS, MI 48334		Mailing Address 31500 NORTHWESTERN HWY SUITE 300 FARMINTON HILLS, MI 48334
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State FARMINGTON HILLS, MI		City & State FARMINGTON HILLS, MI
Zip	Country	Zip Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ <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.
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	31500 Northwestern Hwy, Ste 300
STREET ADDRESS	27600 NORTHWESTERN HIGHWAY, STE 200	CITY-ST-ZIP
CITY-ST-ZIP	SOUTHFIELD, MI 48034	Farmington Hills, MI 48334
DOCUMENT #		STREET ADDRESS
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: 		Date: 3/29/05 Daytime Phone #: 348-350-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #

STAPLE CHECK HERE

Handwritten initials

