

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
30 JAN 1998 AM 9:10

1. Name of Limited Partnership	1a. DOCUMENT # B98000000306
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8600 ASSOCIATES LIMITED PARTNERSHIP 94-AR
CM

Mailing Address	Principal Office Address
6735 TELEGRAPH ROAD, SUITE 110 BLOOMFIELD HILLS MI 48301	6735 TELEGRAPH ROAD SUITE 110 BLOOMFIELD HILLS MI 48301

2. Mailing Address	2a. Principal Office Address
Suite, Apt #, etc	Suite, Apt #, etc
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered	5a. Capital Contributions as Shown on Record
05/14/1998	\$53,000.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FIC Form to Date
4. State or Country of Formation	
MI	
6. FIC Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
38-2644054	
7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Add'l Fee for print
8. Mailing Address to Dept. of State (See reverse side for instructions)	

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
DANIELS, ALAN H 800 NORTH MAGNOLIA AVE., SUITE 1500 ORLANDO FL 32803	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, organization 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
8600 CORPORATION	6735 TELEGRAPH ROAD,	BLOOMFIELD HILLS MI 48301	F98000002750

50101027501945-0-0
-02/02/99-01053-009
****459.75 ****459.75

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 file this report as required by chapter 620, Florida Statutes.

SIGNATURE _____ DATE 12-20-98
Typed or Printed Name of General Partner Signing Form: 8600 CORPORATION, 1721 TOM J COOPER BLVD, BLOOMFIELD HILLS MI 48301 Daytime Telephone Number 248-594-1000