

2002 UNIFORM BUSINESS REPORT (UBR)

0017913 AT

DOCUMENT # B98000000306

1. Entity Name
8600 ASSOCIATES LIMITED PARTNERSHIP

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

02 APR 15



Principal Place of Business
**6735 TELEGRAPH ROAD, SUITE 110
 BLOOMFIELD HILLS MI 48301**

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

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

DUE BY MAY 1, 2002

4. FEI Number **38-2644054**

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DANIELS, ALAN H
 800 NORTH MAGNOLIA AVE., SUITE 1500
 ORLANDO FL 32803**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$53,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE
 SEE REVERSE SIDE FOR FEE INFORMATION**

**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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F98000002750 8600 CORPORATION 6735 TELEGRAPH ROAD, SUITE 110 BLOOMFIELD HILLS MI 48301
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	ALT
STREET ADDRESS CITY-ST-ZIP	000005289889--E -04/17/02--01064--011 ****459.75 ****459.75
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	
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: **SIGNATURE REQUIRED** **TOM J. GOLDBERG, PRESIDENT** **4-9-02** **248 594-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)