

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 JAN 21 PM 12:15

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # B98000000306

1. Entity Name
 8600 ASSOCIATES LIMITED PARTNERSHIP



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
 Zip Country

City & State
 Zip Country



01072004 Chg-LP CR2E003 (10/03)

4. FEI Number
 38-2644054

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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. \$53,000.00

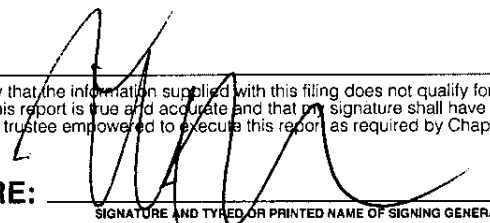
10. Amount of Capital Contributions in FLORIDA to date.

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 #	F98000002750	STREET ADDRESS	
NAME	8600 CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	6735 TELEGRAPH ROAD, SUITE 110	STREET ADDRESS	800027365538
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48301	CITY-ST-ZIP	01721704--01087--015 ***459.75
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  8600 CORP., GEN. PARTNER
 BY: TOM J. GOLDBERG, its President 1-7-04 248 594-1000

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