


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

**FILED
Jan 17, 2006 08:00 AM
Secretary of State**

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



DO NOT WRITE IN THIS SPACE

01062006 No Chg-LP CR2E003 (11/05)
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

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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.

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

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 #	F980000D2750
NAME	8600 CORPORATION
STREET ADDRESS	6735 TELEGRAPH ROAD, SUITE 110
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48301
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] 1-6-06 248594100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #