2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED Jan 17, 2007 08:00 AM Secretary of State

| DOCUMENT # B98000000306 |
|-------------------------------------|
| 1. Entity Name |
| 8600 ASSOCIATES LIMITED PARTNERSHIP |

Principal Place of Business

Mailing Address

6735 TELEGRAPH ROAD, SUITE 110 BLOOMFIELD HILLS, MI 48301

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DO NOT WRITE IN THIS SPACE

01042007 No Chg-LP

CR2E003 (12/06)

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

DEAN MEAD SERVICES, LLC 800 NORTH MAGNOLIA AVE., SUITE 1500 ORLANDO, FL 32803

DO NOT WRITE IN THIS SPACE

| ORLANDO, FL 32803 | | IN T | HIS SPACE |
|---|--|--|---|
| | named entity submits this statement for the purpose of changing its regions of registered agent. | istered office or registered agent, or both, | in the State of Florida. I am familiar with, and accept |
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable | | DATE |
| | FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.0 |) | |
| | A GENERAL PARTNER THAT IS A BUSINESS ENTIT NOTE: General Partners MAY NOT be changed on the f | Y MUST BE REGISTERED AND AC orm; an amendment must be filed | CTIVE WITH THIS OFFICE. to change a general partner. |
| 12. | GENERAL PARTNER INFORMATION | | , |
| DOCUMENT # NAME STREET ADDRESS | F98000002750 8600 CORPORATION 6735 TELEGRAPH ROAD, SUITE 110 | | 000000589377 01/18/07-80012-022 500.00 |
| CITY-ST-ZIP | BLOOMFIELD HILLS, MI 48301 | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | | OT WRITE |
| DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | | IN TH | IIS SPACE |
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| DOCUMENT # | [| | |

14. I hereby certify that the infollmation 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 rule 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

by 8600 Corporation, General Partner

SIGNATURE:

STAPLE CHECK HERE

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1: Tom J. Goldberg, its President

1-3-07

248 594-1000

Daytime Phone #