


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Jan 22, 2008 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



01032008 No Chg-LP CR2E003 (12/06)

4. FEI Number 38-2644054	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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

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, 2008, Fee will be \$900.00**

U00000791739  
01/23/08-80088-005 500.00

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 #	F98000002750
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	

DO NOT WRITE IN THIS SPACE

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 820, Florida Statutes

**SIGNATURE:** by: Tom J. Goldberg, President 

Date: 1-10-08 Daytime Phone #: 248594-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER