

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 13 PM 8:47

DOCUMENT # B99000000202

1. Entity Name
FJ ASSOCIATES (MI) LIMITED PARTNERSHIP



Principal Place of Business
31800 NORTHWESTERN HIGHWAY, SUITE 207
FARMINGTON HILLS, MI 48334

Mailing Address
31800 NORTHWESTERN HIGHWAY, SUITE 207
FARMINGTON HILLS, MI 48334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07062006

Chg-LP

CR2E003 (11/05)

City & State

City & State

4. FEI Number
38-2729286

Applied For

Not Applicable

Zip

Country

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

ARGENTI, ROBERT
C/O FLORIDA TRUST REALTY, INC.
210 N. UNIVERSITY #200
CORAL SPRINGS, FL 33071

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

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

DATE

FILE NOW!!! FEE IS \$500.00
Due by September 6, 2006

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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 JADE, AARON J
STREET ADDRESS 31800 NORTHWESTERN HIGHWAY, SUITE 207
CITY-ST-ZIP FARMINGTON HILLS, MI 48334

13. ADDRESS CHANGES ONLY
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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 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:

Robert Argenti - Agent

7/11/06

Date

Daytime Phone #

STAPLE CHECK HERE