PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
PARTNERSHIP REINSTATEMENT	CRIDATE FOR OF ST Atheria and the control of the c	FILED OO DEC 15 PM 4 08
DOCUMENT # 1. Name of Limited Partnership	A 29571	SECRETARY OF STATE TALLAHASSEE. FLORIDA
ADAMHILL RUBRSIDE	9/29/1k	,
- I I I I I I I I I I I I I I I I I I I	3. Mailing Office Address	4. Date Formed or Registered To Do Business in Florida しより5 97
2100 W. Loop South	2100 W. Loop South	5. FEI Number Applied For
	Suite, Apt. #, etc.	6-0171023 Not Applicable
Suite 1275	Suite 1275	6. 69.75
City & State	City & State	CERTIFICATE OF STATUS DESIRED 50.13 Additional Fee required for a Certificate of Status
Houston, Texas	Huston, Texas	7a. Capital Contributions as shown on Record:
Zip Country	Zip Country	420,000
77027 USA	77027 054	7b. Amount of Capital Contributions in FLORIDA to date:
. 8. Name and Address of C	urrent Registered Agent	
Name Tobn & Reyes PA Street Address (P.O. Box Number is Not Acceptable) 7251 W. Palmetto Park Road Suite, Apt. #, Etc. Suite 205 City State , Zip Code		1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate
Baca Raton	FL 33433	end appropriate filing fee.
9. Pursuant to the provisions of sections 620.192, Florida Statutes; the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY		
MUST E	BE REGISTERED AND ACT	IVE WITH THIS OFFICE.
10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code 10a. Registration Document Number
Riverside Mobile Homes at Palm Boy Tre.	2000 W. Loop South Suite 1275	Hurston, Texas 77027 P0000040348 6000035161763 -12/28/0001081004 ***1026.25 ***1026.25
Apm -500.00 Ar 437.50 Aresver 88.75	REINSTATE	MENT 2000
DU.25	e changed on this form; an a	mendment must be filed to change a general partner.
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.		

11. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Typed or Printed Name of General Partner Signing Form David S. Tobn, VP. Kiversich Mubile Hornes Relephone Number 6741 610 654

SIGNATURE

DATE 17 14 (A)

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