

Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Better Built
Investments, Inc.
6851-1

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Account Number : I19990000006
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LIMITED PARTNERSHIP REINSTATEMENT

OCOEE LAND DEVELOPMENT, LTD.

Certificate of Status	1
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01 DEC 20

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A9700000542

1. Name of Limited Partnership

OCOEE LAND DEVELOPMENT, LTD.

2. Principal Office Address

860 STATE ROAD 434, N

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #7

City & State

City & State

ALTAMONTE SPRINGS, FL

Zip

Country

Zip

Country

32714

USA

B. Name and Address of Current Registered Agent

Name

H. SCOTT GOLD

Street Address (P.O. Box Number is Not Acceptable)

860 STATE ROAD 434, N.

Suite, Apt. #, Etc.

SUITE #7

City

ALTAMONTE SPRINGS

State

Zip Code

FL

32714

9. Pursuant to the provisions of sections 620.1051 and 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)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE 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

OCOEE LAND DEVELOPMENT, INC.

860 S.R. 434, N.
SUITE #7

ALTAMONTE SPRINGS, FL
32714

P96000090047

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 filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(f) 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 effect 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

H. SCOTT GOLD

DATE

12/1/01

Telephone Number

407-788-6555