2008 LIMITED PARTNERSHIP ANNUAL REPORT

SECRETARY OF STATE TALLAHASSEE, FLORIDA Due By May 1, 2008 DOCUMENT # A0600000296 08 MAY - 1 PM 1: 28 SQUARETOP RANCH LAND, LIMITED PARTNERSHIP Principal Place of Business Mailing Address 631 U.S. HIGHWAY ONE, SUITE 406 631 U.S. HIGHWAY ONE, SUITE 406 NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142008 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For 20-4730286 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALTER J. MACKEY, JR. ARMOUR, ALAN I II Street Address (P.O. Box Number is Not Acceptable) 631 US HWY ONE 1645 PALM BEACH LAKES BLVD., SUITE 1200 WEST PALM BEACH, FL 33401 SUITE 406 Zip Code 33408 NORTH PALM BEACH 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 WALTER J. MACKEY, JR. 4/14/08 SIGNATURE DATE agent and title if applicable FILE NOW!!! FEE 1S \$500.00 After May 1, 2008, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. L06000010716 DOCUMENT / STREET ADDRESS MH COLORADO, LLC NAME 40<u>0</u>127248174 STREET ADDRESS 631 U.S. HIGHWAY ONE, SUITE 406 04/30/08--01011--013 **500.00 CITY-ST-ZIP CITY-ST-ZIP NORTH PALM BEACH, FL 33408 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADORESS NAME STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS

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 exposure this report as required by Chapter 620, Florida Statutes

ATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

WALTER J. MACKEY, JR., MGR

FILED

4/14/08 561-848-8750

Daytime Phone #