


2005 LIMITED PARTNERSHIP REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 11 AM 9:43

| | | | | | |
|---|----------------------|---|---|--|----------|
| DOCUMENT # A16575 1. Entity Name ST. LUCIE MOBILE VILLAGE, LIMITED PARTNERSHIP | | | |  | |
| Principal Place of Business 11500 SW KANNER HWY INDIANTOWN, FL 34956 | | | Mailing Address 8522 GOLFSIDE DR COMMERCE TWP, MI 48382 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| | | 10072005 REIN-LP | | CR2E100 (6/04) | |
| | | 4. FEI Number 38-2496979 | | Applied For Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| MAGUIRE, VERA 11500S.W. KANNER HIGHWAY INDIANTOWN, FL 33456 | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$899,200.00 | | 10. Amount of Capital Contributions in FLORIDA to date. | | 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 | | | 13. ADDRESS CHANGES ONLY | | |
| DOCUMENT # | P34614 | | STREET ADDRESS | | |
| NAME | DRS REALTY CO., INC. | | CITY-ST-ZIP | | |
| STREET ADDRESS | 8522 GOLFSIDE DRIVE | | REINSTATEMENT 2005 | | |
| CITY-ST-ZIP | COMMERCE TWP, MI | | CITY-ST-ZIP | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY-ST-ZIP | | |
| STREET ADDRESS | | | 700060974097 | | |
| CITY-ST-ZIP | | | 10/27/05--01045--012 **526.25 | | |
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| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Betty Schenk</i> Betty Schenk | | | 10/15/05 248-363-6111 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | | <small>Date Daytime Phone #</small> | | |

STAPLE CHECK HERE