

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

\$4,105.00

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Walter E. Harris
 Secretary of State
 DIVISION OF CORPORATIONS

A26748

SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 APR -6 PM 1:19

DOCUMENT # A26748

1. Name of Limited Partnership

Landlease Partners, Ltd.

4/18/97

2. Principal Office Address 250 Crown Oak Centre Drive Suite, Apt. #, etc.		3. Mailing Office Address same	
City & State Longwood, Florida		City & State same	
Zip 32750	Country USA	Zip same	Country same

4. Date Formed or Registered To Do Business in Florida 7/18/88	
5. FEI Number 59-2892924	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7a. Capital Contributions as shown on Record: 700,000	
7b. Amount of Capital Contributions in FLORIDA to date: 700,000	

8. Name and Address of Current Registered Agent

Name: David W. Phillips

Street Address (P.O. Box Number is Not Acceptable): 250 Crown Oak Centre Drive

Suite, Apt. #, Etc.

City: Longwood State: FL Zip Code: 32750

FEES:

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 and appropriate filing fee.

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) *David W. Phillips* DATE 05 April 2000

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
Unitary Financial Organization, Inc.	250 Crown Oak Centre Drive	Longwood, FL 32750	M93505
<p>--- PRIVATE 2,000.00</p> <p>--- AR 1,750.00</p> <p>--- P&SUPP 355.00</p> <p>4,105.00</p> <p>REINSTATEMENT 1997-2000</p> <p>(570)</p> <p>600003198536--3</p> <p>-04/06/00--01069--013</p> <p>***4157.50 ***4105.00</p>			

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(2)(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 600, Florida Statutes.

SIGNATURE *David W. Phillips* DATE 05 April 2000

Typed or Printed Name of General Partner Signing Form: David W. Phillips, President of Gen. Partner Telephone Number: 407.332-7754

Unitary Financial Organization, Inc.

CR2E039 (11/99)