

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED
PARTNERSHIP
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
VIRGINIA F. HARRIS
VICE PRESIDENT OF CORPORATIONS

A26748

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR -6 PM 1:19

\$4,105.00

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.

City & State

Longwood, Florida

Zip
32750

Country
USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

same

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 ☐

\$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

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.

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

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 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

PRWAJ
AR

2,000.00

1,750.00

PR SUPP

355.00

4,105.00

REINSTATEMENT

1997-2000

600003198536--3
-04/06/00--01069--013
***4157.50 ***4105.00

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)(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

David W. Phillips, President of Gen. Partner

DATE 05 April 2000

Typed or Printed Name of General Partner Signing Form

Unitary Financial Organization, Inc.

Telephone Number

407.332-7754

CR2039 (11/99)