

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>A 30360</u>			
1. Name of Limited Partnership Imperial Land Associates Limited Partnership			
2. Principal Office Address 1107 Hazeltine Boulevard Suite, Apt. #, etc. Suite 200 City & State Chaska, MN Zip 55318 Country USA		3. Mailing Office Address 1107 Hazeltine Boulevard Suite, Apt. #, etc. Suite 200 City & State Chaska, MN Zip 55318 Country USA	
		4. Date Formed or Registered To Do Business in Florida <u>7/06/1990</u>	
		5. FEI Number <u>41-1460337</u> ☐ Applied For ☒ Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	
7. FEES: Filing Fee(s): \$411.25 for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office. Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records			
8. Name and Address of Current Registered Agent Name NRAI Services, Inc. Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive Suite, Apt. #, Etc. Suite 4 City Weston State FL Zip Code 33331			
9. Pursuant to the provisions of section 620.1910 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Chapter 620, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) <u>Steve Johnson, asst. secretary</u> DATE <u>8-9-06</u> (REGISTERED AGENT MUST SIGN)			
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
John B. Goodman Enterprises, Inc.	1107 Hazeltine Boulevard, Suite 200	Chaska, MN 55318	P27141
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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 <u>Batricia A. Bilich</u> Typed or Printed Name of General Partner Signing Form <u>Batricia A. Bilich, Secretary of General Partner</u>		DATE <u>8-17-06</u> Telephone Number <u>952-361-8000</u>	

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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REINSTATEMENT 04-06

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.