

DOCUMENT # A32738

1. Name of Limited Partnership

David's Landing United Partnership

DO NOT WRITE IN THIS SPACE 2. Mailing Address Principal Office Address Date Formed or Registered To Do Business in Florida 3125/92 4880 3644 St. SE 5. FEI Number Suite, Apt. #, etc. Applied For Ste 59-3115228 Not Applicable City & State 6. CERTIFICATE OF STATUS DESIRED X s 75 Additional Lee required for a Certificate of Status Kent 49512 7. State or Country of Formation Capital Contributions as Shown on Record FEES:13 Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year 8b. Amount of Capital Contributions in FLORIDA to date Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee 9. Name and Address of Current Registered Agent 10. If changed, new registered agent/office HOFFMAN, Charles L. Jr., ESQ Shell, Fleming, DAVIS & Menge, P.A. Street Address (P.O. Box Number Is Not Acceptable) 226 South Palafox Place, swerith Floor Suite, Apt #, etc. Rensacola, Fl. 32501 City 10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registored 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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 JUN -8 PM 12: 01

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of Goneral Partnor(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	VE WITH THIS OFFICE. City, State and Zip Code	11a. Registration Document Number
Riebel, RE	4880 3642 \$. SE, \$100	Grand Rapids, Mi. 49512	
Riebel, ME	40 Pine Hill Rd	40lis, n.H. 03049	
	#S #**	NSTATEMENT_	

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

1. I do hereby certify that the information supplied with this filing is volunterily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee ampowered to execute this report as required by chapter 620, Florida Statutes...

SIGNATURE

Typed or Printed Name of General Partner Signing Form R.E. Billoc

DATE 1 / 30/98

Telephone Number 616-1,98-2548

CKKEG