

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

99 FEB 18 AM 7:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership	1a. DOCUMENT # A32738
David's Landing Limited Partnership	

Mailing Address	Principal Office Address
2. Mailing Address 3680 44th St SE Suite, Apt. #, etc.	2a. Principal Office Address 3680 44th St SE Suite, Apt. #, etc.
City & State Grand Rapids, MI Zip 49512 Country USA	City & State Grand Rapids, MI Zip 49512 Country USA

3. Date Formed or Registered 3-25-92	5a. Capital Contributions as Shown on record \$570,000
3a. Date of Last Report 1998	5b. Amount of Capital Contributions in FLORIDA to date \$570,000
4. State or Country of Formation 71 / USA	6. FEI Number 59-3115228
7. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent Hoffman, Charles L. Jr., ESQ. Shell, Fleming, Davis & Merges, P.A. 206 South Palafox Place, Seventh Floor Pensacola, FL 32501

10. If changed, now Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
FL Zip Code

10a. 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 _____

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

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
Kiebel, RE	3680 44th St SE	Grand Rapids, MI 49512	700002784347-6
Kiebel, ME	40 Pine Hill Rd.	Hollis, N.H. 03049	02/23/99 - 01034 - 027 \$35.00 ****\$35.00

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

12. 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)(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 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 RE Kiebel DATE 2/12/99
 Typed or Printed Name of General Partner Signing Form R.E. Kiebel Daytime Telephone Number 616-693-2543

CR2E003 (8/98)