02/20/2006 10:14 8509396008 HOLLEY PROPERTIES PAGE 02/02

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR -3 AM 10:31

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A32738

1. Entity Name
DAVID'S LANDING LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
3680 44TH ST., SE #201 GRAND RAPIDS, MI 49512	3680 44TH ST., SE #201 GRAND RAPIDS, MI 49512

02202006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business	3. Mailing Address
6989 S. DIVISION	6989 S. DIVISION
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GRAND RAPIDS, MI	City & State: GRAND RAPIDS, MI
Zip: 49548 Country	Zip: 49548 Country

4. FEI Number: 59-3115228 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROWN, CAROL 1717 DAVID'S DRIVE NAVARRE, FL 32566	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ DATE
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS $500.00
After May 1, 2006, Fee will be $900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	RIEBEL, RICHARD E ~~3680 44TH ST., SE~~ 6989 Division GRAND RAPIDS, MI ~~49512~~ 49548	STREET ADDRESS CITY-ST-ZIP	300068091873 03/20/06--01013--006 **500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: R E Riebel Partner 2/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #