2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILED
07 MAY 24 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A32738

1. Entity Name
DAVID'S LANDING LIMITED PARTNERSHIP

05082007 Chg-LP CR2E003 (12/06)

Principal Place of Business	Mailing Address
6989 S DIVISION GRAND RAPIDS, MI 49548	6989 S DIVISION GRAND RAPIDS, MI 49548
2. Principal Place of Business - No P.O. Box #: 6049 S. DIVISION	3. Mailing Address: 6049 S. DIVISION
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GRAND RAPIDS MI	City & State: GRAND RAPIDS MI
Zip: 49548 Country: KENT	Zip: 49548 Country: KENT

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

FILE NOW!!! FEE IS $500.00
Due by September 14, 2007

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 6989 DIVISION GRAND RAPIDS, MI 49548	STREET ADDRESS CITY-ST-ZIP	6049 S. DIVISION GRAND RAPIDS MI 49548
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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: [signature] 5/14/07 616 942 5460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #