2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 4 9300000810 FILED Valley VIEW Limited 00 MAR 27 PM 1: 00 SECRETARY OF STATE Mailing Address
Go Games ville Real Estate Manage Man AHASSEE. FLORIDA Principal Place of Business 3301 SW Archer Rd. 2040 N.W. 67th Place. Gamesville, 71 32608 Gainesville, 71 32653 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-32034 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name do Gainesville Real Street Address (P.O. Box Number is Not Acceptable) Management co. 2040 NW 67 Place City Zip Code Gainesville 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 10. Amount of Capital Contributions
10. OPIDA to date. (NOTE: Registered Agent signature required when reinstating) 9. Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT OF STATE as Shown on record. 577.046.36 SEE REVERSE SIDE FOR FEE INFORMATION 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 ADDRESS CHANGES ONLY P92000006734
Gainesville Real Estate Managemento DOCUMENT ( STREET ADDRESS NAME STREET ADDRESS 2040 NW 67 Place Gaines ville, 71 32653 CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 expowered to execute this report as required by Chapter 620, Florida Statutes Keith Crutcher

SIGNATURE: .

SIGNATURE AND TYPED OR PRINTE