| DOCU 1. Entity Nam | | # A940 | 000 | 00275 | i | | | - | | | إبر | 2 | 986 AF |
|--|-------------------------|--------------------------------------|------------------|---|-------------------|---------------------------|--|-----------------------------------|---------------------------------------|-------------|----------------|------------------------------|-----------------|
| PAINT BRANCH LAKE LAND TRUST LTD. | | | | | | | | FILED | | |) | חד | |
| Principal Place of Business | | | | ailing Address | | | | 01 | MAR 29 AM | 1:11 | | | |
| 5307 RANDOLPH RD. ROCKVILLE MD 20852 | | | | 5307 RANDOLPH RD. ROCKVILLE MD 20852 | | | | SEC | RETARY OF ST | ATE | | | |
| 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 Num | 52-1901373 | | | Applied For Not Applicabl | le |
| Zip | | Country | 7 | Zip | Coun | try | | | te of Status Desired | X | Fee Requ | Additional uired | |
| CORAL GA | E DE LEON Ables FL 3 | N BLVD., STE. 1110 13134 | | | | GOO NOF 4001 NAP | DDLETT RTHERN I TAMIA LES, FL | TRUST B. MI TRAIL I . 34103 | AN & JOHSON, ANK BUILDING NORTH | | | | |
| 8. The above | flh | y submits this statemen | | | 2-64 | : ት ሉ ৫ ፤ | · D. | ~ 1 | 101.cH | 2) 2 | ilos | | |
| 9. Capital Contributions as Shown on record. \$1,000.00 In FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTIT | | | | | | | | - 11 | | SE SIDE F | OR FEE INF | OF STATE FORMATION | _ |
| | A (| GENERAL PARTNE : General Partners | R THAT MAY NO | IS A BUSINESS EN T be changed on th | TITY M ne form | UST BE ; an am | REGIST endmen | ERED AND t must be fil | ed to change a g | eneral pa | irtner. | | |
| 12. | l | GENERAL PARTI | NER INFO | RMATION | 13. | | | | ADDRESS CH | ANGES OF | VLY | | - le |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | 5307 RANI | NAPLES, INC. DOLPH RD. | | | | ET ADDRESS | | | | | | | CR2E003 (11/00) |
| DOCUMENT # NAME | NOCKYILL | E MD 20852 | | | STRE | ET ADDRESS | 5 | | | | | | CR2 |
| STREET ADDRESS CITY-ST-ZIP | | | | | CITY | -ST-ZiP " | . , | 9 | 00003 -04/06 | 963 /010 | 1515 11116- | -007 | |
| DOCUMENT # NAME | | | | | STRE | ET ADDRESS | | | ****1 | 58.75 | **** | 158.75 | |
| STREET ADDRESS CITY-ST-ZIP | | | | 1 | CITY | -ST-ZIP | | | | | | | |
| DOCUMENT # NAME | | | | | STRE | ET ADDRESS | 3 | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | CITY | -ST-ZIP | | | | | | | |
| DOCUMENT # NAME | | | | | STRE | ET ADDRESS | s | | | | | | 4 |
| STREET ADDRESS CITY-ST-ZIP | | | | | CITY | -ST-ZIP | | | | | | | _ |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | | ET ADDRESS -ST-ZIP | 5 | <u> </u> | - | ····· | | | _ |
| 14. I hereby certify that the information supplied with this filling 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 empowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE AND TYPED ORIPHINTED NAME OF SIGNING GENERAL PARTNER Date Date Date Date Dayline Proces | | | | | | | | | | | | | or or |