MILKOVER 2000 UNIFORM BUSINESS REPORT (UBR) A95000001547 DOCUMENT # 00 APR -4 AMII: 24 1. Entity Name LANDING PARTNERS OF SAN ANTONIO, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 7355 S.W. 9TH STREET 7355 S.W. 9TH STREET VERO BEACH FL 32968 VERO BEACH FL 32968-9292 3. Mailing Address 2. Principal Place of Business .a. 6 , Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0624929 Not Applicable \$8.75 Additional Country Ζiρ Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GORDON, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) C/O RIVER ASSET MANAGEMENT COMPANY, INC. 7355 SW 9TH ST. VERO BEACH FL 32968 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$2,300,000.00 SEE REVERSE SIDE FOR FEE INFORMATION 2,300,000 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. 12. P95000078836 DOCUMENT# STREET ADDRESS FL LANDING COMPANY OF SAN ANTONIO, INC. NAME 7355 S.W. 9TH STREET STREET ADDRESS CITY+ST-ZIP VERO BEACH FL 32968 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS -n4/20700--01088--017 CITY-ST-ZIP CITY-ST-ZIP ****535,00 ****535.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 empowered to execute this report as required by Chapter 620, Florida Statutes

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT#

CITY-ST-ZIP

NVME STREET ADDRESS

REQUIFIED m J. Gordon 3/24/00 (56)