MANAGEMENT UNLIMITED, INC.

October 11, 1995 A95000001692

Corporate Records Bureau
Division of Corporations
Department of State
409 East Gaines Street
Post Office Box 6327
Tallahassee, FL 32314

200001612272
-10/17/95--01009--002
***1750.00 ***1750.00

Re: Micha Land, Ltd.

Gentlemen:

Enclosed please find the following in connection with the above referenced partnership:

1. Duplicate originals of the Micha Land Ltd. Certificates of Limited Partnership; and

2. A check in the amount of $1,750.00 in payment of the filing fee.

Your assistance in this matter is appreciated. Should you have any questions or comments regarding the above, please do not hesitate to contact me.

Sincerely,

Joanna M. Price

W95000020807

Joanna M. Price
for Management Unlimited

encl.

Let rec'd 11/7/95

000001634040
-11/13/95--01041--002
*****35.00 *****35.00

Name Availability	
Document Examiner	
Updater	
Updater Verifyer	
Acknowledgement	
W. P. Verifyer	

new FLP
$678,654,87
Uncd
TC $500,000.00

FILING 1750.00
C. COPY
R. AGENT 35.00
TOTAL 1785.00
BALANCE DUE $
REFUND $

13809 Research, Suite 1000 • Austin, Texas 78750 • (512) 335-5588 • FAX 335-1309
P.O. Box 125 • Cedar Park, Texas 78630-0125

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 18, 1995

JOANNA M. PRICE
13809 RESEARCH
STE. 1009
AUSTIN, TX 78750

SUBJECT: MICHA LAND, LTD.
Ref. Number: W95000020807

We have received your document for MICHA LAND, LTD. and check(s) totaling $1750.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of $35.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

Section 620.108, Florida Statutes, requires the certificate include the latest date upon which the partnership is to dissolve.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6920.

Ava Watson
Corporate Specialist

Letter Number: 795A00047036

CERTIFICATE OF LIMITED PARTNERSHIP
OF

1. Micha Land, Ltd.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. c/o Management Unlimited, Inc. 13809 Research Blvd. Suite 1000 Austin, Texas 78750
(Business address of Limited Partnership)

3. Pohl, Brown and Assoc. of Florida, Inc.
(Name of Registered Agent for Service of Process)

4. 1520 Royal Palm Square Blvd. Suite 360 Fort Myers, FL 33919
(Florida street address for Registered Agent)

5. William B. Pohl
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. c/o Management Unlimited, Inc. 13809 Research Blvd. Suite 1000 Austin, Texas 78750
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is 2025.

8. Name of general partner(s):	Specific address:
William B. Pohl	13809 Research Blvd. Suite 1000 Austin, Texas 7875
Gary F. Brown	" "
Philip Annis	" "
Michael Hess	" "
~~Charles House~~	3535 Enland Empire Blvd. Suite 33 Ontorio CA 91764
Henk Morelisse, Jr.	
Eric C. Miller	

Signed this 29 *day of* Sept, *19* 95.

Signature of all general partners:

General Partner	General Partner
General Partner	General Partner
General Partner	General Partner
General Partner	

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned constituting all of the general partners of

Micha Land, Ltd. *, a Florida Limited Partnership, certify:*

The amount of capital contributions to date of the limited partners is $ 0 .

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $ 5,000,000.00 .

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

This 29 day of Sept , 19 95 .

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 JAN 19 PM 5:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership: Micha Land, Ltd

1a. DOCUMENT # A95000001692

Mailing Address: 13809 Research Blvd. Suite 1000 Austin Texas 78750

Principal Office Address: C/o Pohl Brown + Assoc FL 1520 Royal Palm Square Suite 360 Fort Myers, FL 33919

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

2. New Mailing Address, if Applicable
Suite Apt #, etc
City State & Zip

2a. New Principal Office Address, if Applicable
Suite Apt #, etc
City State & Zip

3. Date Formed or Registered to Do Business in FLORIDA: 11-6-95

3a. Date of Last Report:

4. State or Country of Formation: Florida

5a. Capital Contributions as Shown on Record: 5,000,000.00

5b. Amount of Capital Contributions in FLORIDA to date: 0

6. FEI Number: 14-2757169 — Applied For / Not Applicable

7. CERTIFICATE OF STATUS REQUIRED ☐ [redacted]

8. FEES: 1.) Filing Fee. Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2.) Supplemental Fee: $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

ae 1-23

9. Name and Address of Current Registered Agent
Pohl, Brown + Assoc. of Florida, Inc
William B. Pohl
1520 Royal Palm Square
Suite 360
Fort Myers, Florida 33919

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt #, etc
City — FL — Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) N/A DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
William B. Pohl Gary F. Brown Philip Annis Michael Hess Charles House Eric C. Muller Henk Morelisse Jr	13809 Research Blvd. Suite 1000	Austin Tx 78750	A95000001692
	3535 Inland Empire	Ontario CA 91764	

100001697371
-01/25/96--01008--024
****191.25 ****191.25

CR2E003 (6/95)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE [signature] DATE 1-12-96

Typed or Printed Name of General Partner Signing Form: Michael Hess Telephone Number: 512 335-5577