

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JAN 21 AM 9:20



1. Name of Limited Partnership	1a. DOCUMENT # A95000001692
MICHA LAND, LTD.	

Mailing Address 13809 RESEARCH BLVD., SUITE 1000 AUSTIN TX 78750	Principal Office Address % POHL BROWN & ASSOCIATES 1520 ROYAL PALM SQUARE, SUITE 360 FORT MYERS FL 33919
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 11/06/1995	5a. Capital Contributions as Shown on record. \$5,000,000.00
3a. Date of Last Report 01/19/1996	5b. Amount of Capital Contributions in FLORIDA to date: \$2,650,000.00
4. State or Country of Formation FL	
6. FEI Number 74-2757169	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent POHL, BROWN AND ASSOC. OF FLORIDA, INC. 1520 ROYAL PALM SQUARE BLVD., SUITE 360 FT. MYERS FL 33919	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number, Not for Mailing) Suite, Apt. #, etc. City Zip Code
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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) _____ 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
POHL, WILLIAM B	13809 RESEARCH BLVD,	AUSTIN TX 78750	
BROWN, GARY F	13809 RESEARCH BLVD,	AUSTIN TX 78750	
ANNIS, PHILIP	13809 RESEARCH BLVD,	AUSTIN TX 78750	
HESS, MICHAEL	13809 RESEARCH BLVD,	AUSTIN TX 78750	
HOUSE, CHARLES	3535 ENLAND EMPIRE BL	ONTARIO CA 91764	
MORELISSE, HENK JR.	3535 ENLAND EMPIRE BL	ONTARIO CA 91764	

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 _____ DATE **12/31/96**
Typed or Printed Name of General Partner Signing Form **MICHAEL HESS** Daytime Telephone Number **512-335-5577**

CR2E003 (6/96)