FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FLORIDA DEPARTMENT OF STATE FILED LIMITED PARTNERSHIP Sandra B. Mortham ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 98 DEC 31 AM 8: 52 **DOCUMENT #** SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Name of Limited Partnership A97000001634 LANDINGS DEVELOPMENT, LTD. 3_ Date Formed or Registered Mailing Address Principal Office Address 5a. Capital Contributions as Shown on record. 07/25/1997 115 NW 167TH STREET, #300 115 NW 167TH STREET. #300 \$100.00 NORTH MIAMI BEACH FL 33169 NORTH MIAMI BEACH FL 33169 3a. Date of Last Report 08/10/1998 5b. Amount of Capital Contributions in FLORIDA to date: 4. State or Country of Formation 2. Mailing Address 2a. Principal Office Address Suite, Apt. #, etc. 6. FEI Number Suite, Apt. #, etc. Applied For Not Applicable 65-0771035 City & State City & State 7. Certificate of Status Desired \$8.75 Additional Zip Country Country 8. Make check payable to: Dept. of State (See reverse side for fee Information) 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office AMERICAN LAND HOUSING GROUP, INC CORPORATION COMPANY OF MIAMI Street Address (P.O. Box Number Is Not Acceptable)
115 NW 167 Street 201 S. BISCAYNE BLVD. 1600 MIAMI CENTER Suite, Apt. #, etc Ste #300 MIAMI FL 33131 North Miami Beach 33169 10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statute, 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 Submits this statement for the purpose of changing its registered office or registered agent, or both, in 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 Submits this statement for the purpose of changing its registered office or registered agent, or both, in 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 Submits this statement for the purpose of changing its registered office or registered agent, or both, in 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 Submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of section 620.192, florida Submits the state of Florida Submits the SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE Registration/ Address of Each General Partner 11. 11a. (Do NOT Use Post Office Box Numbers) City, State & Zip Code 11c. Name(s) of General Partner(s) 11b. Document Number LANDINGS DEVELOPMENT, INC. 115 NW 167TH STREET, NORTH MIAMI BEACH FL P97000064541 900002749439--3 -01/21/93--01050--009 ****141.25 ****141.25 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 faction 119.07(3)(k), 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 sonature of all 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 **SIGNATURE**

EHAR

Daytime Telephone Numb

Typed or Printed Name of General Partner Signing Form

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