-	0015279 AF			
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Applied For Not Applicable Additional uired				
OF STATE FORMATION	CR2E003 (11/00)			
3-3-802 * 141.25				

								-	
DOCUMENT # A9700002191 1. Entity Name						N			
LANDINGS & MARINA ASSOCIATES, LTD.				FILED my					
Principal Place of Business Mailing Address C/O BASIC CAPITAL MANAGEMENT, INC. 10670 N. CENTRAL EXPRESSWAY, SUITE 600 DALLAS TX 75231 Mailing Address C/O BASIC CAPITAL MAI 10670 N. CENTRAL EXPR DALLAS TX 75231				OI MAR 19 PM 12: 05 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
1800 Valley View		3. Mailing Address 1800 Valley View Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State Dallas, TX City & State Dallas, TX		City & State Dallas, TX			4. FEI Number	72-2730730	**	Applied For Not Applicable	
Zip 752	Country	Zip 75234	Cour	allas	5. Certificate o	f Status Desired		75 Additional Required	
132	6. Name and Address of Current F				7. Name and A	Address of New Rec	istered Ager	nt	
				Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			Street Address (P.O. Box Number is Not Acceptable)						
	ON FL 33324								
		•		City	<u>-</u> .		FL	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 .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	:: Registere	d Agent signature required	when reinstating)		DATE		
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions \$990.00 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION									
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.									
12.	GENERAL PARTNER		13.			ADDRESS CHAN			
	ART FLORIDA PARTNERS II, INC.			TREET ADDRESS 1800 Valley View Lane					
STREET ADDRESS				r-st-zip Da	Dallas, TX 75234				
DOCUMENT #			STR	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CIT	Y-ST-ZIP					
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DOCUMENT # NAME			STR	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				Y-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 Robert A. Waldman, Secretary SIGNATURE: SIGNATURE: 11. Inc. 2/27/01 469-522-4200									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Dayline Phone #									