

\$ 1,532.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 OCT 27 PM 2:00

DO NOT WRITE IN THIS SPACE.

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

A97000002294

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **A97000002294**

1. Name of Limited Partnership
LAZYLAND MOBILE HOME PARK, LTD.

2. Mailing Address 4111 S.W. 25th Street		3. Principal Office Address 4111 S.W. 25th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ft. Lauderdale		City & State Ft. Lauderdale	
Zip 33317	Country USA	Zip 33317	Country USA

4. Date Formed or Registered To Do Business in Florida 10/23/97	
5. FEI Number 65-0790623	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. State or Country of Formation FLORIDA	

8a. Capital Contributions as Shown on Record 990.00	FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
8b. Amount of Capital Contributions in FLORIDA to date. \$428,000	

9. Name and Address of Current Registered Agent Drake M. Batchelder 110 S.E. 6th Street 15th Floor Ft. Lauderdale, FL		10. If changed, new registered agent/office Name Drake M. Batchelder, Esq. Street Address (P.O. Box Number Is Not Acceptable) 450 East Las Olas Boulevard Suite, Apt. #, etc. Suite 950 City Ft. Lauderdale FL Zip Code 33301	
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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) *Drake M. Batchelder* DATE **6/15/98**

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

11. Names of General Partner(s) M & M ASSOCIATES, INC.	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4111 S.W. 25th ST	City, State and Zip Code Ft. Lauderdale, FL 33317	11a. Registration Document Number P97000090234
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REINSTATEMENT 1998 **200002673572--8**
-10/27/98--01055--027
*****2338.75 ***1552.50**

1999 A.R.

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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 *Deanna Miller* DATE **June 15, 1998**

Typed or Printed Name of General Partner Signing Form **Deanna Miller** Telephone Number **914-967 5039**

CR2E039 (12/97)