

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED PARTNERSHIP REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
 2006 MAR 15 PM 2:08  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT #** A98000002280

**1. Name of Limited Partnership**  
 Hacienda Village Manufactured Home Communities, Ltd.  
 3005 Douglas Blvd., Suite 150  
 Roseville, CA 95661

<b>2. Principal Office Address</b>		<b>3. Mailing Office Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04

*PKL*

CR2E039 (11/05)

**4. Date Formed or Registered To Do Business in Florida** 10/2/1998

**5. FEI Number** 522123813  Applied For  Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**  \$8.75 Additional Fee required for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name: Haile, Shaw & Pfaffenberger, P.A.

Street Address (P.O. Box Number is Not Acceptable): 660 U.S. Highway One

Suite, Apt. #, Etc.: 3rd Floor

City: North Palm Beach State: FL Zip Code: 33408

**7. FEES:**

Filing Fee(s): \$411.25 for each year due this office.

Supplemental Fee(s): \$88.75 for each year due this office.

Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records

**9.** Pursuant to the provisions of section 620.1810 or 620.1809, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) *[Signature]* DATE 3/14/06  
(REGISTERED AGENT MUST SIGN)

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

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Diversified Investments-Hacienda, L.C.	3005 Douglas Blvd. Suite 150	Roseville, CA 95661	L98000002095
000068542690 03/23/06--01050--025 **3000.00			

REINSTATEMENT 2004-2006

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

**11.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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 3/14/06

Typed or Printed Name of General Partner Signing Form Barry L. Haase, Manager of GP Telephone Number \_\_\_\_\_