

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B01000000307

1. Entity Name

GRAND VIEW EAST MOBILE HOME ESTATES, L.P.

Principal Place of Business

9597 CENTRAL AVENUE
MONTCLAIR CA 91763

Mailing Address

9597 CENTRAL AVENUE
MONTCLAIR CA 91763

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee, Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOBSON, SUE A
46 NORTH WASHINGTON BLVD., SUITE 1
LYNGSTON, PATTERSON, STRICKLAND
SARASOTA FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # F9400006662
NAME CUNNING MANAGEMENT, INC.
STREET ADDRESS 9597 CENTRAL AVENUE
CITY-ST-ZIP MONTCLAIR CA 91763

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-19-02

909-624-4278

Date

Daytime Phone #

0018188 AT

CR2E003 (9/01)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 14 PM 3:47

