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PLEASE REPLY TO: SARASOTA

May 31, 2002

### Certified Mail No. 7001 1140 0002 0139 Return Receipt Requested

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Country Lakes MHP Communities, L.P. RE:

Hillsboro MHP, L.P.

Camelot Communities MHP, JV

Dear Madam/Sir:

Enclosed please find the following documents:

#### As to Camelot Communities MHP, JV:

- Application for Registration of Fictitious Name 1.
- Check in the amount of \$50.00 representing filing fee 2.

#### As to Country Lakes MHP Communities, L.P.:

Limited Partnership Reinstatement Form 3.

Check in the amount of \$2,062.35 representing:

Renewal Fee: \$187.45 500.00 Penalty Fee:

Total:

\$687.45 per year for 3 years (2000, 2001 & 2002) = \$2,062.35

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## As to Hillsboro MHP, L.P.:

- 5. Application by Foreign Limited Partnership for Authorization to Transact Business in Florida
- 6. Affidavit of Capital Contributions for a Foreign Limited Partnership
- 7. Check in the amount of \$1,785.00 which represents:

Capital Contribution: \$1,750.00

Designation of Registered Agent: 35.00 Total \$1,785.00

Should you have any questions regarding the enclosures, please feel free to contact me toll free at 1-877-951-1800.

Sincerely,

Bonnie R. Quigley

Paralegal

brq Encs.

cc:

Ben Ivy - w/o encs. - 650-328-8007 Jim Ford - w/o encs. - 925-1887

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# APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

HILLSBORO MHP, L.P.			
(Name of limited partnership as it is in the home state)			
2. (If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida	, <b>.</b>		
(If name is unavailable, name under which the infinite parties in proposes to register of dansact oddiness in	,		
3, CALIFORNIA 4.			
(State of Formation) (Date of Formation)			
_ JIM FORD			
Name of Registered Agent for Service of Process)		<u>-</u>	
6. 6300 QUEENSBURY BOULEVARD	-		
(Street Address of Registered Office)			
SARASOTA Florida 34231			
(City) (Zip Code)			
7. Acceptance by the Registered Agent for Service of Process:			
		-1	tr .
(Agent must sign on this line)			
8. 525 UNIVERSITY AVENUE, SUITE 610, PALO ALTO, CALIFORNIA 94301	interiori En e i gineri propre	2	-
	<u> </u>		
(Address of registered office required in state of formation or, if not required, address of principal office.)			<u> </u>
(Addition of the little tedution in state or formation of the reduced, admess or principal antice.)	8	ייי	=>=
9. NAMES OF GENERAL PARTNERS STREET ADDRESS	inc also		Care Name
BEN F. IVY, AS TRUSTEE OF THE BEN F. 525 UNIVERSITY AVENUE, SUITE 610	<del></del>	===	
IVY LIVING TRUST U/A/D APRIL 28, 1983 PALO ALTO, CALIFORNIA 94301	=======================================	<u>=</u>	 :
	<u>=</u>	చ్	-
		•	•
10.525 UNIVERSITY AVENUE, SUITE 610, PALO ALTO, CALIFORNIA 94301			
(Office where Names, Addresses and Contributions of Limited Partners are kept.)			

 The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

12. 525 UNIVERSITY AVENUE, SUITE 610, PALO ALTO, CALIFORNIA 94301.
(Mailing Address of Limited Partnership)
Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.
Signed this 17th day of May, 2002
BEN F. IVY, AS TRUSTEE OF THE BEN F. IVY LIVING TRUST U/A/D STATE OF FLORIDA April 28, 1983
COUNTY OF SANZAS OTA
On this
BEN F IVY , personally appeared before me,
who is personally known to me
whose identity I proved on the basis of
and who executed the foregoing instrument on behalf of the partnership.
(Notary Public Signature)
JAMES M. FORD  MY COMMISSION # CC 955254  EXPIRES: July 17, 2004  Bonded Thru Notary Public Underwriters
Soal My Commission Everyon

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

REFORE ME the undersigned personally appeared	LIVING TRUST U/A/D APRIL 28, 1983	3
a general partner of HILLSBORO MHP, L.P.		_
limited partnership, hereinafter referred to as the "P:		
1. The amount of capital contributions of the limite	ed partners is \$ 250,000.00 (original)	
·	ons of the limited partners that are allocated for the purposes of	
transacting business in Florida is \$ 250,000.	<u>,0</u> 0	
Under the penalties of perjury I, being duly sworn,	declare that I have read the foregoing and know the contents thereof and	t
that the facts stated herein are true and correct.		
Signed this 17 <sup>TH</sup> day of MAY	, 2002	
BEN F. IVY, AS TRUST U/A/D APR STATE OF FLORIDA  COUNTY OF SARASOTA  On this 17 P dry of	f MAY 2002	
	, personally appeared before me,	
who is personally known to me whose identity I proved on the basis of		_
and who executed the foregoing	instrument on behalf of the partnership	
		<del></del>
(Notary Public Signature)	JAMES M. FORD MY COMMISSION # CC 955254 EXPIRES: July 17, 2004	
(Notary's Printed Name)	Bonded Thru Notary Public Underwriters	
Seal My Commission Expires:		