

2003
LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A09288
 1. Entity Name
 Alden Pines, Ltd.

FILED
 2003 JAN -7 AM 11:12
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 14027 Clubhouse Drive
 Suite, Apt. #, etc.
 City & State
 Pineland, Florida
 Zip Country
 33945 USA

3. Mailing Address
 P. O. Box 324
 Suite, Apt. #, etc.
 City & State
 Pineland, Florida
 Zip Country
 33945 USA

DUE BY/MAY 1

4. FEI Number
 59-2044080 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
 Name
 Barry K. Groves
 Street Address (P.O. Box Number is Not Acceptable)
 14346 Sandarac Drive, Box 324
 City
 Pineland FL Zip Code
 33945

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.

9. Capital Contributions as Shown on record: 30,000
 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

DOCUMENT #	549951
NAME	Alden Pines, Inc.
STREET ADDRESS	101 Main Street, Trenton KY
CITY-ST-ZIP	
DOCUMENT #	
NAME	Ware, Robert F.
STREET ADDRESS	101 Main Street, Trenton, KY
CITY-ST-ZIP	
DOCUMENT #	
NAME	Groves, Barry
STREET ADDRESS	117 Hopkinsville, Trenton, KY
CITY-ST-ZIP	
DOCUMENT #	
NAME	Groves, Leigh
STREET ADDRESS	117 Hopkinsville, Trenton, KY
CITY-ST-ZIP	
DOCUMENT #	
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CFR2E003B (12/01)

STAPLE CHECK HERE

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: *Barry Groves, Gen Partner*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date: 12-31-02 Daytime Phone #: (270) 466-5464