2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A20913

1. Entity Name

THE CLOISTERS OF COUNTRYSIDE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 14 AM 10:47

Principal Place of Business	Mailing Address
1343 MAIN STREET SUITE 500 SARASOTA FL 34236	1343 MAIN STREET SUITE 500 SARASOTA FL 34236-5630

DO NOT WRITE IN THIS SPACE

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 59-2599051 ☐ 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
MANNAUSA, THOMAS J 1343 MAIN STREET PALM TOWERS BLDG., 5TH FLOOR SARASOTA FL 34236	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record:	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$990.00		

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 #	G13157	STREET ADDRESS	
NAME	RIVERWOODS INVEST., INC.	CITY-ST-ZIP	mf 2/24/00
STREET ADDRESS	3711 CORTEZ ROAD WEST		
CITY-ST-ZIP	BRADENTON FL		
DOCUMENT #	G66500	STREET ADDRESS	
NAME	MANASOTA MGMT., INC.	CITY-ST-ZIP	
STREET ADDRESS	1343 MAIN ST, 5TH FLOOR		
CITY-ST-ZIP	BRADENTON FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	600003148396--3 -02/25/00--01101--011 ****150.00 ****150.00
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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 REQUIRED 2/10/00 941-365-1511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (9/99)