2001	UNIFORM BUS	INESS REPO	RT	(UBR)					
DOCUM 1. Entity Name	MENT # A20913	COUNTRYCEDE	17.						
THE CLOISTERS OF COUNTRYSIDE, LTI					FILED				
Principal Place	of Business	Mailing Address		•	01	APR -4	AH 8: 04	ļ	
1343 Main Street Suite 500		1343 Main Street Suite 500			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
	FL 34236	Sarasota, FL 3	4236		Į ĮALLI	чпазосс,	FLUKIUA		
2. Principal Place of Business 3711 Cortez Road, W.		3. Mailing Address 3711 Cortez Road, W.			-				
Suite, Apt. #, etc. Suite 300		Suite 300			DO NOT WRITE IN THIS SPACE				
City & State Bradenton, FL		City & State Bradenton, FL			4. FEI Number 59-259	 99051		Applied Fo	<u> </u>
Zip 34210	Country USA	Zip 34210	Cour USA	itry	5. Certificate of Sta	tus Desired		.75 Additional Required	\neg
	6. Name and Address of Current I			. •	7. Name and Addr	ess of New Ro	gistered Age	nt	
				Name Ann	M. Olson				
	sa, Thomas J.			Street Address (P.O. Box Number is Not Acceptable)					
1343 Main Street				371	l Cortez Roa	ıd, W.			
Palm Towers Bldg., 5th Floor Sarasota, FL 34236					ten300 ್ನ್ಯ				
<u> </u>				City Brac	denton		FL	Zip Code 34210	
8. The above r	named entity submits this statement for	the purpose of changing its	register	ed office or registere	ed agent, or both, in the	ne State of Flor	rida.		
SIGNATURE _	Own M Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	n M. Registere	Olson d Agent signature required	when reinstating)		<u>3 - 30 -</u>	·0l	
Capital Con as Shown or	n record. \$990,00	ıte.	ontributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION				*		
	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS EN' Y NOT be changed on th	FITY M e form	UST BE REGIST : an amendment	TERED AND ACTIVE to the country of t	E WITH THIS change a ge	S OFFICE. neral partne	r.	
12.	GENERAL PARTNER	···	13.	· · · · · · · · · · · · · · · · · · ·		DDRESS CHA			二~
DOCUMENT # NAME	G13157	Tu	STRE	ET ADDRESS					(11/00
STREET ADDRESS CITY-ST-ZIP	Riverwoods Invest., 3711 Cortez Road, W		CITY	-ST-ZIP					CR2E003 (11/00)
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NAME STREET ADDRESS			STRE	ET ADDRESS	<u> </u>				
CITY-ST-ZIP		1		ST-ZIP	,				
indicated o	rtify that the information supplied with n this report is true and accurate and to r or trustee empowered to execute the RIVERWOODS	hat my signature shall have th	ie same	legal effect as if ma	ction 119.07(3)(i), Flori ade under oath; that I	da Statutes. I f am a General	further certify t Partner of the	hat the informatic limited partnersh	n ip or
SIGNATU	JRE: By:	PRINTED NAME OF SIGNING GENERAL	. PARTNEI	1	3-30	-01.	941-756 Daytim	-0677 B Phone #	_
	James/R. 50	THIEL						·····	