## **2003 LIMITED PARTNERSHIP**

UN	ILOKW ROZINE	22 KELOKI	(OBK)		*.		8
1. Entity Nam	MENT # A02962 HILLS OF OCALA, LTD.			· SECRI	FILED- ETARY OF STATE- TOF CORPORATIONS	4/17	AT
Principal Place 1048 KANE CO SUITE 28 BAY HARBOR	ONCOURSE	Mailing Address 1048 KANE CONCOURSE SUITE 2B BAY HARBOR FL 33154	85		R 14 PM 4: 13		
2. Principal Place of Business 3. Mailing Address 1177 NAWE ONCOURSE 177 Name Suite, Apt. #, etc. Suite, Apt. #, etc.			Concour			· · · · · · · · · · · · · · · · · · ·	7
227 227			<u> </u>	DUE BY MAY 1, 2003			4
City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country			Country 54	4. FEI Number 59-1520118 Applied For Not Applicable  5. Certificate of Status Desired S8.75 Additional			<u>-</u>
2010	6. Name and Address of Current F		<del>3013-1</del>	7. Name and A	Address of New Registered	Fee Required	-
GADINSKY, EDWARD  1048 KANE CONCOURSE  SLITE 28  BAY HARBOUR FL 33154							
			> CITY BOOM	rthebore	_ <b>F</b> i	L Zio Code	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re-	egistered office or red	stered agent, or both	, in the State of Florida. I an	familiar with, and accept	1
SIGNATURE -	Signature, typed or printed name of registered agent an	d title if applicable.		•	DATE		
9. Capital Co as Shown	ntributions \$1,213,013.00	Contributions e.		<u> </u>	OR FEE INFORMATION		
	A GENERAL PARTNER TO NOTE: General Partners MA						1
12.	GENERAL PARTNER		13.		ADDRESS CHANGES O		╛_
DOCUMENT / NAME STREET ADDRESS	P9400052952 ROLLING HILLS OF OCALA, INC. 1048 KANE CONCOURSE #2B		STREET ADDRESS  CITY-ST-ZIP	177 Ka	DE COMODI	286 # 222	) )03 (10/02)
CITY-ST-ZIP	BAY HARBOUR FL 33154		ŢŢ	xey tar	boe, Ma		CR2E003
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS  CITY-ST-ZIP	<u> </u>			]5
DOCUMENT #. NAME STREET ADDRESS			STREET ADDRESS	10/14/	00158679 0301068024	001 **526, 25	1
CITY-ST-ZIP			CITY-ST-ZIP	• (, - )	- <b>.</b>		Ì
DOCUMENT # NAME	·		STREET ADDRESS				_ 
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	`,			
DOCUMENT # NAME		· ·	STREET ADDRESS				_
STREET ADDRESS CITY-ST-ZIP	•		CITY-ST-ZIP				
DOCUMENT #	-	· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS				-
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				1
indicated	ertify that the information supplied with t on this report is true and accurate and the er or trustee empowered to execute this	nat my signature shall have the	e same legal effect as	if made under oath; t	Florida Statutes, I further ce hat I am a General Partner c	ertify that the information of the limited partnership or	r

SIGNATURE: