

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 31 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership		1a. DOCUMENT # A18866	
LOMA LINDA LIMITED - INDIAN RIVER COUNTY			
Mailing Address 500 N. MAITLAND AVE. SUITE 107 MAITLAND FL 32751		Principal Office Address 500 N. MAITLAND AVE. SUITE 107 MAITLAND FL 32751	
2. Mailing Address P.O. Box 1946		2a. Principal Office Address 35543 Estes Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Eustis, FL		City & State Eustis, FL	
Zip Country 32727-1946 USA		Zip Country 32736 USA	

3. Date Formed or Registered 01/15/1985	5a. Capital Contributions as Shown on record. \$1,000,000.00
3a. Date of Last Report 12/29/1997	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
6. FEI Number 59-2494901	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent CLOUD, JERRY D. 500 N. MAITLAND AVE. SUITE 107 MAITLAND FL 32751	10. If changed, new Registered Agent/Office	
	Name	
	Street Address (P.O. Box Number is Not Acceptable) 35543 Estes Road	
	Suite, Apt. #, etc.	
City Eustis, FL		FL Zip Code 32736

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
LOMA LINDA CORPORATION	500 N. MAITLAND AVE.#	MAITLAND FL	160242

000002745200--2
-01/19/99--01003--002
***526.25 ***526.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Jerry D. Cloud

DATE 12-28-98

Typed or Printed Name of General Partner Signing Form Jerry D. Cloud

Daytime Telephone Number (407) 628-9971

CR2E003 (6/98)