

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A18866

1. Entity Name
LOMA LINDA LIMITED - INDIAN RIVER COUNTY



Principal Place of Business
35543 ESTES RD.
EUSTIS FL 32736

Mailing Address
~~P.O. BOX 1946~~
EUSTIS FL 32727-1946

FILED
03 APR 16 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address
35543 Estes Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Eustis, FL

4. FEI Number 59-2494901

Applied For
Not Applicable

Zip

Country

Zip

Country

32736

USA

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

CLOUD, JERRY D.
35543 ESTES RD.
EUSTIS FL 32736

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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

13. ADDRESS CHANGES ONLY

DOCUMENT # 160242
NAME LOMA LINDA CORPORATION
STREET ADDRESS 35543 ESTES ROAD
CITY-ST-ZIP EUSTIS FL 32736

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jerry D. Cloud, Pres.

4-8-03

(352) 589-8820

Date

Daytime Phone #

CR2E003 (10/02)

000773 AT