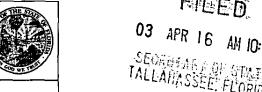
## **2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT**

## A18866 **DOCUMENT #**

LOMA LINDA LIMITED - INDIAN RIVER COUNTY



FILED 03 APR 16 AM 10: 39 SEORIE AR FOR STATE TALLAMASSEE, FLORIDA



Principal Place of Business 35543 ESTES RD. EUSTIS FL 32736  2. Principal Place of Business 3. Mailing Address P.O. BOX 1940 EUSTIS FL 3273					· · · ·			11,133 <u>2</u> E			
Suite, Apt. #, etc.				35543 Estes Suite, Apt. #, etc.	Road						
<u> </u>								DUE BY MAY 1, 2003			
City & State				City & State Eustis, FL			4. FEI Number	59-2494901		Applied For Not Applicable	
Zip	Zip Country			Zip 32736. = -	Coun	try A	5. Certificate of	Status Desired	□ <b>\$</b>	8.75 Additional ee Required	
6. Name and Address of Current				egistered Agent			7. Name and Address of New Registered Agent				
CLOUD, JERRY D.						Name					
35543 ESTES RD.				Street Addr			ress (P.O. Box Number is Not Acceptable)				
EUSTIS FL 32736											
						City		<del></del>	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  Signature, typed or printed name of registered agent and title if applicable.  DATE											
9. Capital Contributions as Shown on record. \$1,000,000.00				10. Amount of Capita in FLORIDA to da		outions				O FL. DEPT. OF STATE 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,	<u></u>		ADDRESS CHANG			
DOCUMENT # NAME	160242 LOMA LINDA CORPORATION				STRE	ET ADDRESS	<del>-</del>		_		
STREET ADDRESS CITY-ST-ZIP	35543 ESTES ROAD EUSTIS FL 32736					-ST-ZIP					
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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:

SIAPLE CHECK HENE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

/UIR Jerry D. Cloud, Pres.

4-8-03

Date

(352) 589-8820

Daytime Phone #