

2002 UNIFORM BUSINESS REPORT (UBR)

0006283 AT

DOCUMENT # **A20789**

1. Entity Name

LANDCOM-OCALA, LTD.

FILED

02 APR 25 PM 12: 32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business 4314 PABLO OAKS CT. JACKSONVILLE FL 32224	Mailing Address 4314 PABLO OAKS CT. JACKSONVILLE FL 32224
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2002	
4. FEI Number 59-2592906	Applied For <input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
TOOMEY, MARY 4314 PABLO OAKS CT. JACKSONVILLE FL 32224	

7. Name and Address of New Registered Agent	
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.

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

9. Capital Contributions as Shown on record.	\$2,600,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
DOCUMENT #	F67225
NAME	LANDCOM, INC.
STREET ADDRESS	4314 PABLO OAKS CT.
CITY-ST-ZIP	JACKSONVILLE FL 32224
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	400005451174--2
CITY-ST-ZIP	-05/03/02--01100--016
	****535.00 ****535.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: Mary A. Toomey	Date: 4/25/02	Daytime Phone #: 904 899 1120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		

CFR2E003 (9/01)