2000 UNIFO	RM BUSINE	ESS REPO	RT	(UBR)	-			
DOCUMENT # A24412  1. Entity Name  L.T.C./FOREST OAKS, LTD.					STICRETARY OF STATE DIVISION OF CORPORATIONS  OO MAY - 1 PM 12: 06			
L.I.C./FOREST GARS, LTD.								
Principal Place of Business Mailing Address  8055 FOREST OAKS BLVD.  SPRING HILL FL 34606 SPRING HILL FL 34606-240								
Principal Place of Business     3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #			, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number	59-2798281	<del>_</del>	Applied For Not Applicable	
Zip Coul	Country Zip		Country		5. Certificate of	of Status Desired \$8.75 Additional Fee Required		
6. Name and A	ddress of Current Regist	ered Agent		Name	7. Name and	Address of New Re	gistered Agen	
DEES, RUSCH O					(P.O. Box Number is Not Acceptable)			
8055 FOREST OAKS BLVD.				Oliver Address (				
SPRING HILL FL 34606		City				FL	Zip Code	
8. The above named entity subm	its this statement for the p	urpose of changing its	registere	d office or register	red agent, or both	, in the State of Flor		
SIGNATURE	•							
Signature, typed or printed  9. Capital Contributions	name of registered agent and title if	applicable. (NOTE:		d Agent signature required	d when reinstating)	11. MAKE CHECK	DATE PAYARIF TO	DEPT OF STATE
as Shown on record.	\$280,000.00 RAL PARTNER THAT I	in FLORIDA to da	ite.		TEDED AND A	SEE REVERS	E SIDE FOR FE	E INFORMATION
NOTE: Gene	eral Partners MAY NO	T be changed on th	e form	; an amendmen	t must be filed	to change a ger	neral partner	
12. GENERAL PARTNER INFORMATION  DOCUMENT # P92000009141					ADDRESS CHANGES ONLY			
MERCURY PROPERTIES, INC. STREET ADDRESS 8055 FOREST OAKS BLVD.			STRE	ET ADDRESS				
CITY-ST-ZIP SPRING HILL FL			СПҮ	-ST-ZIP				
DOCUMENT # NAME			STRE	EET ADDRESS				{ • .
STREET ADDRESS CITY - ST - ZIP	·			-ST-ZIP				· · · · · · · · · · · · · · · · · · ·
DOCUMENT#			STRE	ET ADDRESS			» - <del></del>	
STREET ADDRESS CITY- ST-ZIP				-ST-ZIP	-06/12/0001018004 *****535.00 *****535.00			·
DOCUMENT # NAME			STRE	EET ADDRESS		<u> </u>	 	
STREET ADORESS CITY+ST-ZIP			CITY	- ST- ZIP				
DOCUMENT # NAME				EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP				
DOCUMENT # NAME				EET ADDRESS				
STREET ADDRESS CITY- ST-ZIP				-\$π- ZIP				
14. I hereby certify that the inform indicated on this report is true the receiver or trustee empower.	and accurate and that m	v signature shall have t	he same	e legal effect as if r	ection 119.07(3)(i) made under oath;	, Florida Statutes. I that I am a General	further certify the Partner of the I	nat the information imited partnership or
SIGNATURE: SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING GENERAL PAPTINES LAND DATE DATE DATE OF SIGNING GENERAL PAPTINES LAND DATE DATE DATE DATE DATE OF SIGNING GENERAL PAPTINES LAND DATE DATE DATE DATE DATE DATE DATE DAT								
Warting LTC Forest Corle Like.								