## 2001 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 01 MAY -1 PH 5:31 A24412 1. Entity Name SECRETARY OF STATE TALLAHASSEE, FLORIDA L.T.C./FOREST OAKS, LTD. Principal Place of Business Mailing Address 8055 FOREST OAKS BLVD. 8055 FOREST OAKS BLVD. SPRING HILL FL 34606 SPRING HILL FL 34606 2. 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 Applied For 59-2798281 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEES, RUSCH O Street Address (P.O. Box Number is Not Acceptable) 8055 FOREST OAKS BLVD. SPRING HILL FL 34606 City Zip Code 8. The above named entity submits this statement for the purpose of changing it: registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOT :: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$280,000.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. in FLORIDA to cate. A GENERAL PARTNER THAT IS A BUSINESS ET TITY 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 ADDRESS CHANGES ONLY DOCUMENT # P92000009141 STREET ADDRESS NAME MERCURY PROPERTIES, INC. STREET ADDRESS 8055 FOREST OAKS BLVD. CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34606 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS 1 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify fcr 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 of trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENE

LUSCH O. DEES

MIREJIDENT

SIGNATURE: