

# 2000 UNIFORM BUSINESS REPORT (UBR)

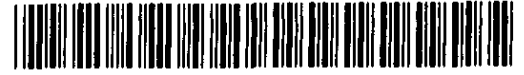
**DOCUMENT # A32319**

1. Entity Name  
**RAVENWOOD OF KISSIMMEE, LTD.**

Principal Place of Business  
**5700 S.W. 34TH STREET, SUITE 1307  
GAINESVILLE FL 32608**

Mailing Address  
**20721 SW 46TH AVE.  
NEWBERRY FL 32669-4714**

*\$535*  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 FEB -7 AM 9:47



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3143824</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>DAVIS, NORITA V</b> <b>20721 SW 46TH AVENUE</b> <b>NEWBERRY FL 32669</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$5,752,249.00</b>	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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>DAVIS, NORITA V</b> <b>20721 SW 46TH AVENUE</b> <b>NEWBERRY FL 32669</b>	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	<del>3000003136473--7</del>
NAME		CITY - ST - ZIP	<del>-02/15/00--01118--014</del>
STREET ADDRESS			<del>****535.00 ****535.00</del>
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		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: *Norita V. Davis* (Signature and Typed or Printed Name of Signing General Partner)  
 Date: **1/26/00**  
 Daytime Phone #: **(352) 472-3952**

CR2E003 (9/99)