


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

535

0007611 AT

<b>DOCUMENT # A32319</b> 1. Entity Name <b>RAVENWOOD OF KISSIMMEE, LTD.</b>	
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FILED

03 MAR 26 PM 4: 10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>5700 S.W. 34TH STREET, SUITE 1307 GAINESVILLE FL 32608</b>	Mailing Address <b>20721 SW 46TH AVE. NEWBERRY FL 32669</b>
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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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<b>DUE BY MAY 1, 2003</b>	
4. FEI Number <b>59-3143824</b>	Applied For <input type="checkbox"/> Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>DAVIS, NORITA V 20721 SW 46TH AVENUE NEWBERRY FL 32669</b>

<b>7. Name and Address of New Registered Agent</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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. <b>\$5,752,249.00</b>
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10. Amount of Capital Contributions in FLORIDA to date.
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**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR 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	
DOCUMENT #	<b>DAVIS, NORITA V</b>
NAME	<b>20721 SW 46TH AVENUE</b>
STREET ADDRESS	<b>NEWBERRY FL 32669</b>
CITY-ST-ZIP	
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	
CITY-ST-ZIP	<b>900014769949</b>
STREET ADDRESS	<b>03/26/03--01069--013 **535.00</b>
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

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<b>3/17/03</b> <small>Date</small>	<b>352472-3952</b> <small>Daytime Phone #</small>
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CR2E003 (10/02)