2003 LIMITED PARTNERSHIP

| UNIFORM BUSINESS REPORT (UBR) | | | | | | | | |
|---|---|--|--|------------------------------------|---|--|--|--|
| 1. Entity Nam | MENT.# A94000 re RIN/LORETTO DEVELOPMENT, LTD. | | | FILED | | | | |
| TOTAL TO DEVELOT MENT, 210. | | | | | 03 MAY -6 PM 2: 23 | | | |
| Principal Place of Business C/G-MED-DEVELOPMENT. INC. 3715-NORTH-BIDE-PRINK. 800-NORTH-BREEK. #105 ATLANTA-OA 68997. | | Mailing Address CLO-MID-DEVELOPMENT: INC. 2713-NORTHSIDE PERT-300-NORTHGREEK, 4105 ATLANTA: GA. 30327 | | M105 | SECRETARY OF STATE: TACEAHASSEE, FLORIDA | | | |
| 11701. | - 10 | SANJOSEBIN | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | DUE BY | MAY 1, 2003 | |
| City & Stat | SON VILL | City & State Jack Son Vi | | | 4. FEI Number 510435 | 5 93 | | Not Applicable |
| 3222 | 2.3 Country U.S. A | Zip 32223 legistered Agent | Country 5. | 4 | 5. Certificate of | f Status Desired | Fe _t | 3.75 Additional e Required |
| THEOREM | | agistered Agent | - Name | 207 | | | todiareion va- | |
| 11111111111111111111111111111111111111 | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| JACHOON | 11701-46 SAN NOSE BLVO | | | | | | | |
| City Jac | | | | | onville, | | FL | Zip.Cod 3 |
| 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 Signaphre, typed or printed name of registered agent and title if applicable. | | | | | | | 7/28/0 | 2 |
| 9. Capital Co as Shown | ontrioutions \$9,800,00 | 10. Amount of Capital in FLORIDA to date | | | | | | FL. DEPT. OF STATE EE INFORMATION |
| | A GENERAL PARTNER TH NOTE: General Partners MAY | | | | TIVE WITH TH | IIS OFFICE. | | |
| 12. | GENERAL PARTNER I | INFORMATION | 13. | | | ADDRESS CH | ANGES ONLY | |
| DOCUMENT # NAME | S32348 MLD-DEVELOPMENT, INC. | | STREET ADDRESS | 117 | 01-46 | SAN | 105C | BIVOL |
| STREET ADDRESS CITY-ST-ZIP | ATLANTA OA 00327 | CITY-ST-ZIP | | acksor | 2 Ville, | FL13 | 12223 | |
| DOCUMENT ≠ NAME | P93000075284 GLEDANTHERSHIP HOLDINGS MLT | 0 | STREET ADDRESS | | <u> </u> | | | |
| STREET ADDRESS CITY-ST-ZIP | JACKSONVILLE FL-32216 | CITY-ST-ZIP | | | 00182 | 9529 | 3: -200 QC | |
| DOCUMENT # | | | STREET ADDRESS | | - 05/06/1 | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIP | | , | | | |
| DOCUMENT # NAME | | | STREET ADDRESS | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | |
| DOCUMENT # NAME | | | STREET ADDRESS | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | |
| DOCUMENT # NAME | | | STREET ADDRESS | | | | | **: |
| STREET ADDRESS CITY-ST-ZIP | , | <u>.</u> | CITY-ST-ZIP | | | | | |
| 14. I hereby of indicated the receiv | certify that the information supplied with the fon this report is true and accurate and the ver or trustee empowered to execute this report is true and the ver or trustee empowered to execute this report is true to the property of the very supplied to the very | nis filing does not qualify for the lat my signature shall have the report as required by Chapter | he exemption stat e same legal effec r 620, Florida Stat | ted in Sec ot as if ma tutes | otion 119.07(3)(i), ade under oath; th | Florida Statutes. nat I am a Genera | I further certify al Partner of the | that the information limited partnership or |

SIGNATURE:

SIAPLE CHECK HEKE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER