2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

000016076 AT

DOCUMENT # A97000000350

1. Entity Name
SILVER SPRINGS SHORES LAND TRUST, LTD.

FILED
03 JUN -9 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
101 N.E. FIRST AVENUE OCALA FL 34470	101 N.E. FIRST AVENUE OCALA FL 34470

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 59-3424591 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCKEEVER, JOHN P
2100 S.E. 17TH STREET, SUITE 300
OCALA FL 34471

7. Name and Address of New Registered Agent

Name JOHN S. RUDNIANYN

Street Address (P.O. Box Number is Not Acceptable) 101 NE FIRST AVENUE

City OCALA FL Zip Code 34470

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 4/22/03
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$1,450,000.00		

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 #	P97000012531	STREET ADDRESS	
NAME	SPRINGS SHORES INVESTMENTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	101 N.E. FIRST AVENUE		
CITY-ST-ZIP	OCALA FL 34470		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	100017544971
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STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (10/02)

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: SIGNATURE REQUIRED John S. Rudnianyn 4/22/03 352-629-6101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #