

# **2004 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A97000000849

Entity Name: ALF I LTD.

**FILED**  
**Apr 07, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

9500 S.W. HIGHWAY 200  
OCALA, FL 34481

**New Principal Place of Business:**

**Current Mailing Address:**

125 N.E. FIRST AVENUE, SUITE 1  
OCALA, FL 34470

**New Mailing Address:**

FEI Number: 65-0760303

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAINES, TIM D  
125 N.E. FIRST AVENUE, SUITE 1  
OCALA, FL 34470 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Capital Contributions as Shown on record:** 2,650,000.00

**Amount of Capital Contributions in Florida to date:** 2,650,000.00

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #:

Name: CARRIAGE HOUSE OF OCALA, L.C.

Address: 714 S.E. 22ND AVENUE

City-St-Zip: OCALA, FL 34471

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ARTHUR RADICE

MGR

04/07/2004

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date