


**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b> <b>98 DEC 30 AM 9:13</b> <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>	
<b>1. Name of Limited Partnership</b>  LAUREL RIDGE OF OCALA, LTD.		<b>1a. DOCUMENT #</b> A98000002700  <div style="text-align: right; font-family: cursive; font-size: 1.2em;">99-AR cm</div>			
<b>Mailing Address</b> 7 E.SILVER SPRINGS BLVD. SUITE 208 OCALA, FLORIDA 34470		<b>Principal Office Address</b> 7 E.SILVER SPRINGS BLVD. SUITE 208 OCALA, FLORIDA 34470		<b>3. Date Formed or Registered</b> DECEMBER 8, 1998  <b>3a. Date of Last Report</b> N/A  <b>4. State or Country of Formation</b> FLORIDA	
<b>2. Mailing Address</b> Suite, Apt. #, etc.  City & State  Zip Country		<b>2a. Principal Office Address</b> Suite, Apt. #, etc.  City & State  Zip Country		<b>5a. Capital Contributions as Shown on record.</b> 1,000.00  <b>5b. Amount of Capital Contributions in FLORIDA to date:</b> 1,000.00	
<b>6. FEI Number</b> (APPLICATION ATTACHED)		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
<b>7. Certificate of Status Desired</b>		<input type="checkbox"/> \$8.75 Additional Fee Required			
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>					

<b>9. Name and Address of Current Registered Agent</b>  GEORGE RANDALL McCOY 7 EAST SILVER SPRINGS BOULEVARD, SUITE 208 OCALA, FLORIDA 34470	<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <div style="text-align: right;"> <b>FL</b> Zip Code                 </div>
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**10a.** Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_

DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

<b>11. Name(s) of General Partner(s)</b>  UNIVERSAL DEVELOPMENT OF OCALA, INC.	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> 7 E.SILVER SPRINGS BLVD. SUITE 208	<b>11b. City, State &amp; Zip Code</b> OCALA, FL 34470	<b>11c. Registration/ Document Number</b> P98000102244
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 -01/22/99-01115-006  
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**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**12.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE \_\_\_\_\_

DATE 12/28/98

George Randall McCoy, Pres.

352/732-3550

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)

# COPY

Form **SS-4**

## Application for Employer Identification Number

(Rev. December 1995)  
Department of the Treasury  
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

► Keep a copy for your records.

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) <b>LAUREL RIDGE OF OCALA, LTD.</b>								
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name						
	4a Mailing address (street address) (room, apt., or suite no.) <b>7 E. SILVER SPRINGS BLVD., SUITE 208</b>		5a Business address (if different from address on lines 4a and 4b)						
	4b City, state, and ZIP code <b>OCALA, FLORIDA 34470</b>		5b City, state, and ZIP code						
	6 County and state where principal business is located <b>MARION COUNTY, FLORIDA</b>								
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ► <b>UNIVERSAL DEVELOPMENT OF OCALA, INC.</b>								
8a	Type of entity (Check only one box.) (See instructions.)								
	<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent) <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Plan administrator-SSN <input type="checkbox"/> REMIC <input type="checkbox"/> Limited liability co. <input type="checkbox"/> Other corporation (specify) ► <input type="checkbox"/> State/local government <input type="checkbox"/> National Guard <input type="checkbox"/> Trust <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Other nonprofit organization (specify) ► (enter GEN if applicable) <input type="checkbox"/> Other (specify) ►								
8b	If a corporation, name the state or foreign country (if applicable) where incorporated		Foreign country						
9	Reason for applying (Check only one box.)								
	<input checked="" type="checkbox"/> Started new business (specify) ► <b>ACQUIRED REAL PROPERTY FOR DEVELOPMENT</b> <input type="checkbox"/> Banking purpose (specify) ► <input type="checkbox"/> Changed type of organization (specify) ► <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a pension plan (specify type) ► <input type="checkbox"/> Created a trust (specify) ► <input type="checkbox"/> Other (specify) ►								
10	Date business started or acquired (Mo., day, year) (See instructions.) <b>12/9/98</b>		11 Closing month of accounting year (See instructions.) <b>DECEMBER</b>						
12	First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) . . . . . ► <b>N/A</b>								
13	Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.) . . . . . ►								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Nonagricultural</td> <td style="width: 33%;">Agricultural</td> <td style="width: 33%;">Household</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> </table>			Nonagricultural	Agricultural	Household	0	0	0
Nonagricultural	Agricultural	Household							
0	0	0							
14	Principal activity (See instructions.) ► <b>REAL ESTATE DEVELOPMENT</b>								
15	Is the principal business activity manufacturing? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ►								
16	To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ►								
17a	Has the applicant ever applied for an identification number for this or any other business? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.								
17b	If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ► Trade name ►								
17c	Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (Mo., day, year) City and state where filed Previous EIN								
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.									
Name and title (Please type or print clearly.) ► <b>GEORGE RANDALL McCOY, PRESIDENT</b>		Business telephone number (include area code) <b>352/732-3550</b> Fax telephone number (include area code) <b>352/732-8387</b>							
Signature ►		Date ► <b>12/28/98</b>							

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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