2002 NIFORM	BUSINESS	REPORT	(UBR
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DOCU 1. Entity Nar	MENT	# B980 0	000030	4		FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA	
CAPSTO	ONE OF OC	OEE, LTD.			1		
Principal Place of Business Mailing Address 3310 WEST END AVENUE 3310 WEST END AVENUE				02 APR -4			
SUITE 700 NASHVILLE TN 37203 SUITE 700 NASHVILLE TN 37203 NASHVILLE TN 37203		37203					
Principal Place of Business 3. Mailing Address		ess		I 1887181 1910 19191 18111 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111			
Suite, Apt. #, etc. Suite, Apt. #, etc.		etc.	DUE BY MAY 1, 2002				
City & Star	te		City & State			4. FEI Number 63-1202060 Applied For Not Applicable	
Zip		Country	Zip	Coun	try	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name	and Address of Current	Registered Agent		[7. Name and Address of New Registered Agent	
MDAI CEC	RVICES, INC				Name		
	TPARK AVE				Street Address (P.O. Box Number is Not Acceptable)		
TALLAHA	SSEE FL 32	301					
					City	FL Zip Code	
8. The above	named entity	submits this statement fo	r the purpose of ch	anging its registere	ed office or registe	ered agent, or both, in the State of Florida.	
SIGNATURE .	Signature, typed o	x printed name of registered agent	and title if applicable.			DATE	
9. Capital Contributions as Shown on record. \$9,145,914.00 10. Amount of Capital Contributions in FLORIDA to date.				outions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
	A G NOTE:	ENERAL PARTNER T General Partners MA	HAT IS A BUSIN Y NOT be chang	IESS ENTITY MI	UST BE REGIS ; an amendme	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
12.		GENERAL PARTNER		13.		ADDRESS CHANGES ONLY	
STREET ADDRESS 3310 WEST END AVENUE SUITE 700		STREE	ET ADDRESS				
		CITY-	-ST-ZIP	AL 1			
DOCUMENT # NAME	1			STREE	ET ADDRESS		
CITY-ST-ZIP	REET ADDRESS Y-ST-ZIP C		CITY-	·ST-ZiP	9000052361590 -04/10/02 01071007 ****\$526.25 ****\$526.25		
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STREET ADDITESS CITY-ST-ZIP				CITY-:	ST-ZIP		
DOCUMENT # NAME			-	STREE	T ADDRESS		
STREET ADDRESS CITY-ST-ZIP					ST-ZIP		
I hereby c indicated	ertify that the on this report	information supplied with is true and i	this filing does not d that my signature sh	qualify for the exem	nption stated in Se	ection 119.07(3)(i), Florida Statutes. I further certify that the information 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:

| Date | Daytime Priorie #