FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 199

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # A26314

Biscayne Bay Transitional Living Center Limited Partnership

98-AR2M

Mailing Address	Principal Office Address
2. Mailing Address: 10140 Linn Station Road	**2a.** Principal Office Address: 10140 Linn Station Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Louisville, KY	City & State: Louisville, KY
Zip: 40223 Country: United States	Zip: 40223 Country: United States

3. Date Formed or Registered: May 11, 1989

3a. Date of Last Report: January 8, 1997

4. State or Country of Formation: Delaware

5a. Capital Contributions as Shown on record.: $999.00

5b. Amount of Capital Contributions in FLORIDA to date: $999.00

6. FEI Number: 04-3049301 ☐ Applied For ☐ Not Applicable

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

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

CT Corporation Company
1200 South Pine Island
Plantation, FL 33324

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City FL Zip Code

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.

11. Name(s) of General Partner(s)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
Premier Rehabilitation Centers of Florida, Inc.	10140 Linn Station Road Louisville, KY 40223		P24255

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****156.25 ****156.25

CR2E003 (6/97)

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.

Premier Rehabilitation Centers of Florida, Inc.

SIGNATURE BY: _____ DATE 10/25/97

Typed or Printed Name of General Partner Signing Form: Ralph Gronefeld Daytime Telephone Number: 502-394-2100