2002 UNIFORM BUSINESS REPORT (UBR)

0003243 AV

DOCUMENT # A98000000476

1. Entity Name
CHULA VISTA MEDICAL PLAZA INVESTORS LIMITED PART NERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 APR -5 PM 1:25

Principal Place of Business	Mailing Address
GARDENS CORPORATE CENTER 3801 PGA BOULEVARD. SUITE 555 PALM BEACH GARDENS FL 33410	GARDENS CORPORATE CENTER 3801 PGA BOULEVARD. SUITE 555 PALM BEACH GARDENS FL 33410

2. Principal Place of Business	3. Mailing Address
3801 PGA Boulevard Suite 600 Palm Beach Gardens, FL 33410	3801 PGA Boulevard Suite 600 Palm Beach Gardens, FL 33410

DUE BY MAY 1, 2002

FEI Number 65-0820931 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REGSERV CORP. GARDENS CORPORATE CENTER 3801 PGA BOULEVARD, SUITE 555 PALM BEACH GARDENS FL 33410	REGSERV CORP. 3801 PGA Boulevard Suite 600 Palm Beach Gardens, FL 33410 FL Zip Code

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.

SIGNATURE ______ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.	$1,000	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE R[illegible] 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 # NAME STREET ADDRESS CITY-ST-ZIP	A98000000475 CHULA VISTA MEDICAL PLAZA EQUITY INVESTORS 3801 PGA BOULEVARD, SUITE ~~555~~ 600 PALM BEACH GARDENS FL 33410	STREET ADDRESS CITY-ST-ZIP	
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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 Patrick J. DiSalvo Vice President 2/20/02 561-630-5055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date

CR2E003 (9/01)