

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018330 AB

DOCUMENT # **B01000000137**

1. Entity Name
CAPTEC HEALTHNET FINANCE LP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG -6 AM 8:23

Wk
8/7

Principal Place of Business
**24 FRANK LLOYD WRIGHT DR., LOBBY M, 3RD FL
ANN ARBOR MI 48105**

Mailing Address
**P.O. BOX 544
ANN ARBOR MI 48106-0544**



2. Principal Place of Business
24 FRANK LLOYD WRIGHT DR.

3. Mailing Address

Suite, Apt. #, etc.
LOBBY L, 4TH FLOOR

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
ANN ARBOR, MI

City & State

4. FEI Number **APPLIED FOR**
38-3592739

Applied For
Not Applicable

Zip
48106

Country
USA

Zip Country

5. 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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.
**PETER F. SOUZA
ASSISTANT SECRETARY**

6/17/03
DATE

9. Capital Contributions as Shown on record. **\$0.00**

10. Amount of Capital Contributions in FLORIDA to date. **NONE**

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED 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 # **M01000000818**
NAME **OOTB, LLC**
STREET ADDRESS **24 FRANK LLOYD WRIGHT DR., LOBBY M, 3RD FL**
CITY-ST-ZIP **ANN ARBOR MI 48105**

STREET ADDRESS
CITY-ST-ZIP **900014316929
03/18/03--01038--006 **52.50**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **900014316929
04/15/03--01097--001 **88.75**

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CITY-ST-ZIP

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
GARY A. BRUDER

2-28-03
Date
734-994-5305
Daytime Phone #

CR2E003 (10/02)

PLEASE CHECK HERE