

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED

2005 MAY -3 PM 2: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000001344		
1. Entity Name SANCTUARY OF CORAL GABLES, LTD.		

Principal Place of Business 275 HAMPTON LANE KEY BISCAYNE, FL 33149-1223	Mailing Address 275 HAMPTON LANE KEY BISCAYNE, FL 33149-1223
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



05022005 Chg-LP CR2E003 (10/03)

4. FEI Number 20-1592050	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WOOD, HARLESTON R 275 HAMPTON LANE KEY BISCAYNE, FL 33149-1223		7. Name and Address of New Registered Agent	
		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 Harleston R. Wood DATE 4/28/05
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. \$1,000.00 \$141.25

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 # NAME STREET ADDRESS CITY-ST-ZIP	P04000112349 METTA OF CORAL GABLES, INC. 225 LEUCADENDRA DRIVE CORAL GABLES, FL 33156	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	800055364558 05/26/05--01022--020 **141.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
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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: Harleston R. Wood DATE 4/28/05 305-361-7094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE