

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002326 AB

DOCUMENT # A00000001693

1. Entity Name  
HORIZON SENIOR LIFESTYLES, II, LTD.



FILED

2003 OCT -8 PM 2:15

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3221 FRUITVILLE ROAD  
SARASOTA FL 34237

Mailing Address  
111 2ND AVE. N.E. STE 805  
ST. PETERSBURG FL 33701



2. Principal Place of Business  
111 2nd AVE NE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST PETERSBURG FL

Zip

Country

Zip

Country

33701

Pinellas

4. FEI Number 65-1053421

Applied For

Not Applicable

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

SOPER, JAMES  
3221 FRUITVILLE ROAD  
SARASOTA FL 34237

Name  
BACON, DAVID A. ESQ.

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

2959 FIRST AVENUE NORTH  
ST PETERSBURG

City

FL

Zip Code

33713

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, typed or printed name of registered agent and file if applicable.

DATE

9. Capital Contributions  
as Shown on record. \$4,800,001.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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 # P00000000050 - P01000044137  
NAME AUTUMN CARE, INC.  
STREET ADDRESS 111 2ND AVE. N.E., STE 805  
CITY-ST-ZIP ST. PETERSBURG FL 33701

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

300024040013  
10/23/03-01003-030 \*\*926.25

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STREET ADDRESS

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

09/19/2003

Date

727-896-1042

Daytime Phone #

CR2E003 (4/03)

STAPLE CHECK HERE