

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A01000000150

1. Entity Name
WARD TOWERS ASSISTED LIVING ASSOCIATES, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 11 AM 11:38

Principal Place of Business
3000 N.W. 32 AVENUE
MIAMI, FL 33142

Mailing Address
3000 N.W. 32 AVENUE
MIAMI, FL 33142

2. Principal Place of Business
7483 SW 24th Street

3. Mailing Address
7483 SW 24th Street

Suite, Apt. #, etc.
Suite 209

Suite, Apt. #, etc.
Suite 209

City & State
Miami, FL

City & State
Miami, FL

Zip
33155

Country
USA

Zip
33155

Country
USA

04212005 Chg-LP CR2E003 (10/03)

4. FEI Number
54-2068880

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WASHINGTON, LYNN C
HOLLAND & KNIGHT LLP
701 BRICKELL AVENUE, SUITE 3000
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
Maria N. de Pedro-Gonzalez

Street Address (P.O. Box Number is Not Acceptable)
7483 SW 24th Street

Suite 209

City
Miami

FL Zip Code
33155

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 Maria N. de Pedro-Gonzalez, Maria N. de Pedro-Gonzalez

DATE

9. Capital Contributions
as Shown on record. \$5,480,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

DOCUMENT # L01000001441
NAME WARD TOWERS ASSISTED LIVING, LLC
STREET ADDRESS 3000 NW 32 AVENUE
CITY-ST-ZIP MIAMI, FL 33142

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 7483 SW 24th Street, Suite 209

CITY-ST-ZIP Miami, FL 33155

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

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: Maria N. de Pedro-Gonzalez Maria N. de Pedro-Gonzalez 4/25/05 (305) 267-3624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STATE OF FLORIDA