

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # • A01000000691



FILED

03 MAY 14 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Entity Name MSH OF HEATHROW, LLLP	
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Principal Place of Business 300 INTERNATIONAL PARKWAY, SUITE 184 HEATHROW FL 32746	Mailing Address 300 INTERNATIONAL PARKWAY, SUITE 184 HEATHROW FL 32746
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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

DUE BY MAY 1, 2003	
4. FEI Number 59-3720914	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LUBINSKY, TERRY M 300 INTERNATIONAL PARKWAY, SUITE 184 HEATHROW FL 32746	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 _____ DATE 04/22/03

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04/22/03--01058--013 **526.25

9. Capital Contributions as Shown on record. \$1,250,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$1,250,000	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	GP0100000856	STREET ADDRESS	
NAME	MSH CENTRAL, LLP	CITY-ST-ZIP	
STREET ADDRESS	300 INTERNATIONAL PARKWAY, SUITE 184		
CITY-ST-ZIP	HEATHROW FL 32746		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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: *Terry Lubinsky* **REQUIRED** TERRY LUBINSKY 4-11-03 407-804-8949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)