2003 LIMITED PARTNERSHIP

UN	IFORM BUSINE	SS REPOR	}T. (!	UBR)		į
DOCUMENT # A0100001568 1. Entity Name SENIOR LIVING OF TEMPLE, LTD.						FILED	•
School Elving of Temple, Etc.						2003 JUN 10 AM 4: 54	
Principal Place of Business 950 S.E. 12TH STREET HIALEAH FL 33010 Mailing Address 950 S.E. 12TH STREET HIALEAH FL 33010						DEVIJION OF CORPORATIONS TABLAHASSEE, FLORIDA	
2. Principal F	Place of Business	3. Mailing Address					
111 NE 1st Street 111 NE 1st Suite, Apt. #, etc. Suite, Apt. #, etc.				+ Street		*	
Suite 820 Suite 820) .		DIJE BY MAY 1, 2003	
	mi Horida	Miami, Florida				4. FEI Number 69 0005323 Applied For Not Applicable	
33/	32 Country USA	33132	Cour			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		
GUTTER, JOSEPHER & RUFFIN, P.A.					her	Gutter Chaves Josepher Rusin P.A.	
-100 WEST-CYPRESS CREEK RD., SUITE 900				210		Orporate Rlvd.	
FI. LAUDERDALE FL 33309				Suite 107			
				City	a F	2aton FL 33431	
 The above named entity submits this statement for the purpose of changing its regist the obligations of registered agent. 					her fr	ed agent, or both, in the State of Florida. I am familiar with, and accept the Chone	
SIGNATURE	Signature Types of printed and registered desirt, as	Title Preside	+ at	Jes	y her 1	Culm Refix + Firmer PA 6/4/03	
9. Capital Contributions as Shown on record. \$100.00 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 TI NOTE: General Partners MA	HAT IS A BUSINESS EN NOT be changed on t	NTITY M	IUST BE	REGIST	ERED AND ACTIVE WITH THIS OFFICE. t must be filed to change a general partner.	
12.	INFORMATION		13. ADDRESS CHANGES ONLY				
DOCUMENT # NAME STREET ADDRESS	SENIOR LIVING OF TEMPLE, INC.		STR	EET ADDRESS	<u>// </u>	NE 1st Street, Suite 820	(10/02
CITY-ST-ZIP	HIALEAH FL 33010	····	CITY	/-ST-ZIP	Mi	ami, Florida 33132	COUL
DOCUMENT # NAME			STRI	EET ADDRESS		200017582812 04/30/0301072017 **141.25	ä
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DOCUMENT # NAME			STRE	EET ADDRESS			
STREET ADDRESS 1			CITY	-ST-ZIP			
DOCUMENT #			STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP			
 I hereby of indicated the receiv 	ertify that the information supplied with t on this report is true and accurate and the er or trustee empowered to execute this	nis filing does not qualify to nat my signature shall have report as required by Chap	r the exe the same ter 620, I	mption stat e legal effe Florida Stat	ed in Sec ct as if ma utes	ction 119.07(3)(i), Florida Statutes. I further certify that the information ade under oath; that I am a General Partner of the limited partnership or	