

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 JUN 15 PM 3:58

CLERK OF THE STATE
TALLAHASSEE FLORIDA

MDH

DOCUMENT # A01000001569

1. Entity Name
SENIOR LIVING OF TYLER, LTD.



Principal Place of Business
111 NE 1ST STREET, STE. 820
MIAMI, FL 33132

Mailing Address
111 NE 1ST STREET, STE. 820
MIAMI, FL 33132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292004

Chg-LP

CR2E003 (10/03)

4/15

City & State

City & State

4. FEI Number

03-0454032

Applied For
Not Applicable

Zip

Country

Zip

Country

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

TESCHER GUTTER CHAVES JOSEPH R RUBIN, PA
2101 CORPORATE BLVD., STE. 107
BOCA RATON, FL 33431

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

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

DATE

9. Capital Contributions
as Shown on record:

\$100.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P01000113298
NAME SENIOR LIVING OF TYLER, INC.
STREET ADDRESS 111 NE 1ST STREET, STE. 820
CITY-ST-ZIP MIAMI, FL 33132

STREET ADDRESS
CITY-ST-ZIP 2000381606112

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP 06/22/04--01007--004 **150.00

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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: Nancy J. Ansley, Pres Senior Living of Tyler, Inc. 4/28/04 305-416-9066
Date Daytime Phone #

NANCY J ANSLEY

STAPLE CHECK HERE